



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 15, 2021

Kim Owens
43106 76th Ave
Decatur, MI 49045

RE: License #: AM800016279
Sunny Acres
43106 76th Avenue
Decatur, MI 49045

Dear Ms. Owens:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan, dated 01/15/2021, addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- Please submit a picture of the back deck confirming the large hose has been removed or relocated. Also send a picture of the new countertops when they've been replaced within the next three months.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001
(269) 615-5190

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM800016279
Licensee Name:	Kim Owens
Licensee Address:	43106 76th Ave Decatur, MI 49045
Licensee Telephone #:	(269) 423-7525
Licensee Designee:	N/A
Administrator:	Kim Owens
Name of Facility:	Sunny Acres
Facility Address:	43106 76th Avenue Decatur, MI 49045
Facility Telephone #:	(269) 423-7525
Original Issuance Date:	05/01/1995
Capacity:	12
Program Type:	MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/15/2021

Date of Bureau of Fire Services Inspection if applicable: 10/09/2020

Date of Health Authority Inspection if applicable: 09/22/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 12
No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
On-site did not take place during the on-site but food was observed.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDING: The facility's kitchen countertops were observed jagged in some areas indicating they needed repair or replacement.

R 400.14403 Maintenance of premises.

(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.

FINDING: The fire exit on the North side of the facility had a large hose right outside the sliding doors; therefore, the exit was not free of hazards, as required.

A corrective action plan was requested and approved on 01/15/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



01/15/2021

Cathy Cushman
Licensing Consultant

Date