



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 2, 2022

Bonnie Perkins/Crackel  
116 Robert  
Manton, MI 49663

RE: License #: AF830279137  
**SunShine Home**  
**116 Robert**  
**Manton, MI 49663**

Dear Ms. Perkins/Crackel:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF830279137
<b>Licensee Name:</b>	Bonnie Perkins/Crackel
<b>Licensee Address:</b>	116 Robert Manton, MI 49663
<b>Licensee Telephone #:</b>	(231) 620-8921
<b>Name of Facility:</b>	SunShine Home
<b>Facility Address:</b>	116 Robert Manton, MI 49663
<b>Facility Telephone #:</b>	(231) 620-8921
<b>Original Issuance Date:</b>	12/02/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/28/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 2 Role: family members of residents.

- 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.
- 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

The facility is in compliance with all applicable rules and statutes.

On April 28, 2022, I conducted an exit conference with Licensee Bonnie Perkins/Crackel. I explained my findings as noted above. Ms. Perkins/Crackel noted she understood and that she had no further questions pertaining to this renewal inspection.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



May 2, 2022

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Bruce A. Messer  
Licensing Consultant

Date