



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 14, 2022

Kristy Britton
Sunrise of Grosse Pointe Woods
21260 Mack Avenue
Grosse Pointe Woods, MI 48236

RE: License #: AH820391697
Sunrise of Grosse Pointe Woods
21260 Mack Avenue
Grosse Pointe Woods, MI 48236

Dear Ms. Britton:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820391697
Licensee Name:	Welltower OpCo Group LLC
Licensee Address:	4500 Dorr Street Toledo, OH 43615
Licensee Telephone #:	(703) 854-0322
Authorized Representative/Administrator:	Kristy Britton
Name of Facility:	Sunrise of Grosse Pointe Woods
Facility Address:	21260 Mack Avenue Grosse Pointe Woods, MI 48236
Facility Telephone #:	(313) 343-0600
Original Issuance Date:	12/23/2019
Capacity:	78
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/14/2022

Date of Bureau of Fire Services Inspection if applicable: 2/14/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 6/14/2022

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 36
No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No residents' funds held
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 6/3/2021 2021A1011033 1924(3) 1931(4)
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Brenden D. Howard

6/14/2022

Licensing Consultant

Date