

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 15, 2023

Jackson, Diane and Keith 28180 Danvers Farmington Hills, MI 48334

RE: License #: AS820316111

Sunshine Homes 19060 Huntington

Harper Woods, MI 48225

Dear Jackson, Diane and Keith:

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

You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant

Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

Shetorla Daniel

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

I. IDENTIFYING INFORMATION

License #: AS820316111

Licensee Name: Jackson, Diane and Keith

Licensee Address: 28180 Danvers

Farmington Hills, MI 48334

Licensee Telephone #: (248) 538-6882

Licensee/Licensee Designee: N/A

Administrator: Diane Jackson

Name of Facility: Sunshine Homes

Facility Address: 19060 Huntington

Harper Woods, MI 48225

Facility Telephone #: (313) 469-7177

Original Issuance Date: 07/30/2012

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	09/14/2023		
Date of Bureau of Fire Services Inspection if applicable:				
Date of Health Authority Inspection if applicable:				
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	1 1 Designee		
•	Medication pass / simulated pass observed? Full Inspection Medication(s) and medication record(s) revie		-	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	plain.		
•	Fire safety equipment and practices observe	d? Yes⊠ No 🗌	If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [] N/A □	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, explain.		
•	Corrective action plan compliance verified? 203 (1), 318 (5) N/A Number of excluded employees followed-up?		/s and rule/s:	
•	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 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection, Licensee failed to practice and maintain a copy of fire drills during evening hours for first and second quarter in 2023.

A corrective action plan was requested and approved on 09/14/2023. 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 and special certification.

IV. RECOMMENDATION

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

Shotorla Daniel	09/15/2023
Shatonla Daniel	Date
Licensing Consultant	