



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 20, 2023

Diane Jackson  
Sunshine Homes LLC  
48078 Four Seasons Blvd  
Northville, MI 48168

RE: Application #: AS820417126  
**Sunshine Homes**  
**19060 Huntington Ave**  
**Harper Woods, MI 48223**

Dear Ms. Jackson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820417126
<b>Licensee Name:</b>	Sunshine Homes LLC
<b>Licensee Address:</b>	19060 Huntington Ave Harper Woods, MI 48223
<b>Licensee Telephone #:</b>	(248) 229-2028
<b>Administrator/Licensee Designee:</b>	Diane Jackson
<b>Name of Facility:</b>	Sunshine Homes
<b>Facility Address:</b>	19060 Huntington Ave Harper Woods, MI 48223
<b>Facility Telephone #:</b>	(313) 458-8333
<b>Application Date:</b>	07/19/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

07/19/2023	On-Line Enrollment
07/19/2023	Contact - Telephone call received Applicant is wishing to change the licensing type from an individual license unto a business license.
07/25/2023	PSOR on Address Completed
07/25/2023	Contact - Document Sent forms sent
08/30/2023	Contact - Document Received 1326/RI030
09/14/2023	Inspection Completed On-site Completed renewal inspection and completed onsite CAP
09/14/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Sunshine Homes is located in a Harper Woods, Michigan. The brick and aluminum siding ranch home has a partially finished basement and detached garage. The main living area consists of a living room, eat-in kitchen, 3 bedrooms, and 1 full bath. The exterior of the home has 2 wheelchair ramps at both means of egress that meet the licensing requirements. Two out of three-bedroom doors are equipped with 36-inch doors to meet the ADA requirements for wheelchair use.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.92 ft. X 12.17 ft.	170 sq. ft.	2
2	10.25 ft. X 12.25 ft. 2.5 ft. X 2.83 ft.	133 sq. ft.	2
3	11.17 ft. X 11.25 ft. 3.83 ft. X 5.42 ft.	147 sq. ft.	2
Total			6

The living room area measures a total of 273 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility is wheelchair accessible.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Detroit Wayne Integrated Health Network).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Sunshine Homes, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 12/19/2012.

The Board of Directors of Sunshine Homes, L.L.C. has submitted documentation appointing Diane Jackson as Licensee Designee and as the Administrator of the facility.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant’s credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The Licensee Designee have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1-staff-to-6-residents per shift. All staff shall be awake during sleeping hours.

The Licensee Designee acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The Licensee Designee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), Morpho Trust USA (formerly L-1 Identity Solutions), and the related documents required to be maintained in each employees record to demonstrate compliance.

The Licensee Designee acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The Licensee Designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The Licensee Designee acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The Licensee Designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The Licensee Designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The Licensee Designee acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The Licensee Designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



09/19/2023

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Shatonla Daniel  
Licensing Consultant

Date

Approved By:



09/20/2023

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Ardra Hunter  
Area Manager

Date