



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 14, 2024

Mistie Hyatt
320 E. Long Lake Road
Orleans, MI 48865

RE: License #: AF340389673
Sunshine Acres A.F.C.
320 E. Long Lake Road
Orleans, MI 48865

Dear Ms. Hyatt:

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 documentation of compliance.

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, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AF340389673
Licensee Name:	Mistie Hyatt
Licensee Address:	320 E. Long Lake Road Orleans, MI 48865
Licensee Telephone #:	(231) 689-6823
Licensee:	Mistie Hyatt
Administrator:	N/A
Name of Facility:	Sunshine Acres A.F.C.
Facility Address:	320 E. Long Lake Road Orleans, MI 48865
Facility Telephone #:	(616) 255-7454
Original Issuance Date:	09/08/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/13/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: 02/05/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Medications are passed at 8am and 8pm.
- 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.
Inspection was not during a meal time.
- 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:
02/18/2022: af426(1) af409(1)(p) af409(2) af440(2) af426(7) af407(2)(a)
af426(11) af426(10)
- 02/23/2022: af424(3) af426(8) af426(4) af407(6) af416(3) af421(6) af404(5)
af404(6) 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 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

At the time of inspection, Resident A's health care appraisal was found to be dated five months past Resident A's admission date.

R 400.1424 Environmental health.

(2) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner approved by the health authority.

An Environmental Health Inspection Report was received from Ionia County Health Department and dated 2/5/24. The facility was found to be in noncompliance, and temporary approval is approved until 8-5-2024. According to Plumbers Septic and Sewer, it was reported that the tank was over operating level and there was very little run back to the drain field. The Ionia County Health Department recommended that the septic tank be pumped again in 6 months and reevaluate the drain field.

R 400.1430 Bathrooms.

(2) Bathroom doors may be equipped with positive latching, non-locking against-egress hardware. Hooks and eyes, bolts,

bars, and other similar devices shall not be used on bathroom doors.

At the time of inspection, the main floor full bathroom that is used by all residents contained a door handle that was locking against-egress.

R 400.1431 Bedrooms generally.

(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, bedroom number three, which is occupied by two residents, contained a door handle that was locking against-egress.

IV. RECOMMENDATION

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



02/14/2024

Amanda Blasius
Licensing Consultant

Date