



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2024

Bonnie Perkins/Crackel
116 Robert
Manton, MI 49663

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

Dear Bonnie 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 blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
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

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [REDACTED]

- 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:
CAP dated 3/2/23 Rules 411.2, 420.1, 407.3 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 May 14, 2024, I conducted an exit conference with Licensee Bonnie Perkins/Crackel. I explained my findings as noted above. Ms. Perkins/Crackel stated she understood, that she had no additional information to provide concerning this renewal inspection, and that she had no further questions a this time.

IV. RECOMMENDATION

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

 May 14, 2024

Bruce A. Messer
Licensing Consultant

Date