



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 6, 2024

Janet Gaines
8930 M 15
Clarkston, MI 48348

RE: License #: AM630009304
Sunshine Acres AFC Home
8930 M 15
Clarkston, MI 48348

Dear Janet Gaines:

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 or
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AM630009304
Licensee Name:	Janet Gaines
Licensee Address:	8930 M 15 Clarkston, MI 48348
Licensee Telephone #:	(248) 625-2533
Administrator:	Jody Hurren
Name of Facility:	Sunshine Acres AFC Home
Facility Address:	8930 M 15 Clarkston, MI 48348
Facility Telephone #:	(248) 625-2533
Original Issuance Date:	11/10/1986
Capacity:	9
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/06/2024

Date of Bureau of Fire Services Inspection if applicable: 09/28/23

Date of Health Authority Inspection if applicable: 02/28/24

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Admin.

- 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.
Inspection did not occur during 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:
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 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the onsite inspection, there was no documentation on file that the licensee, Janet Gaines, was screened for tuberculosis every three years. The last TB test on file was dated 2018.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident J did not have a health care appraisal on file that was completed at the time of admission to the home (Admission date: 12/18/23; Health Care Appraisal Dated: 03/28/24).

REPEAT VIOLATION ESTABLISHED

Renewal Licensing Study Report Dated: 05/13/22; CAP Dated: 05/12/22

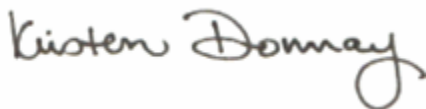
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

Resident E's June 2024 medication administration record (MAR) was not initialed for the evening dose of Alprazolam 1mg from 06/01/24-06/03/24 or the afternoon dose of Fluphenazine 5mg on 06/04/24. The medications were popped out of the bubble packs and the administrator stated that the medications were administered.

A corrective action plan was requested and approved on 06/04/2024. 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.

IV. RECOMMENDATION

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



06/06/2024

Kristen Donnay
Licensing Consultant

Date