



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 6, 2024

Kimberly Singer  
Welcome Home Assisted Living - Owosso  
1605 Vandekarr Rd  
Owosso, MI 48867

RE: License #: AS780402783  
**Welcome Home Sunshine**  
**1609 Vandekarr Rd**  
**Owosso, MI 48867**

Dear Ms. Singer:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 cursive script that reads "Candace Coburn". The signature is written in a dark ink and has a fluid, connected style.

Candace Coburn, 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#:** AS780402783

**Licensee Name:** Welcome Home Assisted Living - Owosso

**Licensee Address:** 1605 Vandekarr Rd  
Owosso, MI 48867

**Licensee Telephone #:** (989) 723-3807

**Licensee/Licensee Designee:** Kimberly Singer

**Administrator:** Brooke Sabaj

**Name of Facility:** Welcome Home Sunshine

**Facility Address:** 1609 Vandekarr Rd  
Owosso, MI 48867

**Facility Telephone #:** (989) 723-3807

**Original Issuance Date:** 02/06/2020

**Capacity:** 6

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 7/18/2024

Date of Bureau of Fire Services Inspection if applicable: Done by consultant at inspection

Date of Health Authority Inspection if applicable: 07/30/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

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. Inspection took place in between meals.
- 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 rule:

**R 400.14312 Resident medications.**

**(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:**

**(b) Complete an individual medication log that contains all of the following information:**

**(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

At the time of inspection, one of three resident files medication administration records reviewed did not have initials of staff passing the required dose.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



8/6/2024

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Candace Coburn  
Licensing Consultant

Date