



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 8, 2025

Herbert Kavunja  
East Marshall LLC  
20125 E Michigan Ave  
Marshall, MI 49068

RE: License #: AS130418440  
Sunny Side Senior Care  
20125 E Michigan Ave  
Marshall, MI 49068

Dear Mr. Kavunja:

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 verification of completion of the required corrections below.**

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult small group home. 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 (616) 356-0100.

Sincerely,

*Kevin L. Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517) 230-3704  
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS130418440

**Licensee Name:** East Marshall LLC

**Licensee Address:** 20125 E Michigan Ave  
Marshall, MI 49068

**Licensee Telephone #:** (269) 248-6004

**Licensee Designee:** Herbert Kavunja

**Administrator:** Herbert Kavunja

**Name of Facility:** Sunny Side Senior Care

**Facility Address:** 20125 E Michigan Ave  
Marshall, MI 49068

**Facility Telephone #:** (269) 248-6004

**Original Issuance Date:** 07/10/2024

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/07/2025

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

Date of Health Authority Inspection if applicable: 07/02/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee

- 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 on 1/7/25 301 (10) 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 400.14301**

**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.**

At the time of the onsite inspection, reviewing resident files. Residents A, B and C did not have a completed health care appraisal located in their resident records. Every resident must have a completed health care appraisal and they are required to be updated annually (yearly) from the date of the last written health care appraisal.

**IV. RECOMMENDATION**

An acceptable corrective action plan was requested and approved on 1/7/25. Verification of completion of the corrective action plan must still occur by submitting documents of the above violations. However, I recommend renewal of a regular licensee of the small group home.

*Kevin L Sellers*

1/8/25

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Kevin Sellers  
Licensing Consultant

Date