



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 13, 2025

Anna Masambaji
PO Box 26243
Lansing, MI 48909

RE: License #: AS230292716
Sunshine AFC Home
4041 Rivershell
Lansing, MI 48911

Dear Ms. Masambaji:

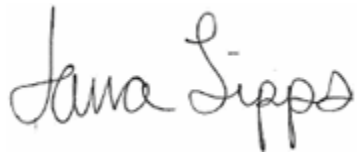
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or home for the aged authorized representative and a date.

A second six-month provisional license is recommended due to continued quality of care violations. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "Jana Lipps". The signature is written in dark ink on a light background.

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

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

I. IDENTIFYING INFORMATION

License #:	AS230292716
Licensee Name:	Anna Masambaji
Licensee Address:	2109 Walmar Estate Drive Lansing, MI 48917
Licensee Telephone #:	(517) 980-1925
Licensee:	Anna Masambaji
Administrator:	Anna Masambaji
Name of Facility:	Sunshine AFC Home
Facility Address:	4041 Rivershell Lansing, MI 48911
Facility Telephone #:	(517) 708-8484
Original Issuance Date:	03/12/2008
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/03/2025

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. The facility has been on a 1st provisional license due to fire damage.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐
If no, explain. The facility has been on a 1st provisional license due to fire damage.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
The facility has been on a 1st provisional license due to fire damage.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
CAP dated 8/26/24. Facility is still not habitable due to fire damage. 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 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The facility has been on a six-month 1st provisional license due to fire damage. I conducted an on-site visit with licensee, Anna Masambaji, on 2/3/25. The facility has been gutted of all drywall, flooring, appliances, smoke detection equipment, electrical wiring, and plumbing. The licensed contractor was on-site and noted repairs are awaiting issuance of insurance monies. The contractor noted that it is possible to make necessary repairs by September 2025 if insurance monies are issued this month.

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

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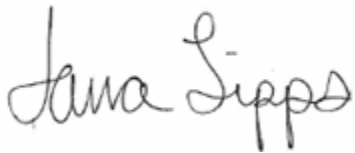
R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

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IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a second provisional license due to continued quality of care violations is recommended.

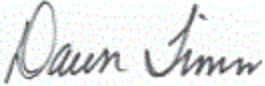


2/13/25

Jana Lipps
Licensing Consultant

Date

Approved:



Dawn Timm
Area Manager

02/13/2025
Date