

AFC GROUP HOME WORKSHEET INSPECTION RECORD

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

FACILITY	LICENSE #	DATE
Sunderland House	AS820401437	07/18/2024

Rule #	Description	Check If Assessed
FACILITY RECORDS		
	Permission to inspect if applicant doesn't have legal access to property	<input checked="" type="checkbox"/>
R 103 (5)	Were changes in previously submitted info reported	<input checked="" type="checkbox"/>
R 103(1)(a) 209 (1) (a)	Admission Policy- meets definition (102 (1)(c)/ copy provided	<input checked="" type="checkbox"/>
R 302 (1) & 209 (1)(c)	Discharge Policy meets definition 102 (1)(i) & requirements /copy provided to resident or designated representative	<input checked="" type="checkbox"/>
R 103(1a),209 (1)(b) SC	Program Statement- meets definition 102 (1)(r)/copy provided	<input checked="" type="checkbox"/>
Act 276 (26b)	Alzheimer/ dementia program description	<input type="checkbox"/>
R 103(1b) & 209 (1)(i)	Personnel Policy-available & has required content 207 (1)(a-f)	<input checked="" type="checkbox"/>
R 103(1)(ii) ,	Job descriptions available and provided to staff	<input checked="" type="checkbox"/>
R 103(1b)(iv)	Staffing Pattern available & reviewed	<input checked="" type="checkbox"/>
R 103 (1b)(iii)	Standard or Routine Procedures- available	<input checked="" type="checkbox"/>
R103 (1b)(v)	Organizational Chart	<input checked="" type="checkbox"/>
R103(1c) 209	Copies of Contracts for funding, care, treatment or supplemental services.	<input checked="" type="checkbox"/>
R103 (1d)	Current Floor plan copy provided	<input checked="" type="checkbox"/>
R103 (1e)	Current Financial Statement provided	<input checked="" type="checkbox"/>
R 103 (1e)	Proposed Budget	<input checked="" type="checkbox"/>
R 103 (1f)	Verification of lease, ownership, or right to occupy copy provide	<input checked="" type="checkbox"/>
R103 (1g)	Current corporate or LCC documents copy provided	<input checked="" type="checkbox"/>
R 103 (1g)	Written identification of corporate licensee's designee provided	<input checked="" type="checkbox"/>
R 103 (1h)	Current credit history for individual licensees copy provided	<input type="checkbox"/>
R 103 (4)	License Posted	<input checked="" type="checkbox"/>
R 210	Resident Register	<input checked="" type="checkbox"/>
R 209(1)(j)	Program Certifications if applicable	<input checked="" type="checkbox"/>
R 318 (5)	Fire Drill Records	<input checked="" type="checkbox"/>
R 318 (1) (2)	Emergency Procedure & Evacuation Plans	<input checked="" type="checkbox"/>
R 318(3)	Emergency numbers posted at @ phone	<input checked="" type="checkbox"/>
R209 & 510(1)	Heating equipment inspection & approval records, if applicable	<input checked="" type="checkbox"/>
R505(3)(4) SC	Smoke and heat equipment inspection record, if applicable.	<input checked="" type="checkbox"/>
R 209 (1s)	Environmental Health Inspection Report	<input type="checkbox"/>
R 313(6)	Menus kept for 1 calendar year	<input checked="" type="checkbox"/>
R 209 (1m) & 403(15)	Reports of severe property damage of more than \$5,000 w/in 48 hours.	<input type="checkbox"/>
LICENSEE/ LICENSEE DESIGNEE/ ADMINISTRATOR		
201(2)	Administrative & Financially capable	<input checked="" type="checkbox"/>
Sec. 313(3) 201(10)	Licensing Record Clearance, good moral character & suitable	<input checked="" type="checkbox"/>
205 (2)	Physician's Health Statement	<input checked="" type="checkbox"/>
205(4)	TB Test Results	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
COMPETENCY REQUIREMENT		
201(6)	1 year experience with population	<input checked="" type="checkbox"/>
201 3)	Temp. License competency	<input checked="" type="checkbox"/>
(a)	Nutrition	<input checked="" type="checkbox"/>
(b)	First Aid	<input checked="" type="checkbox"/>
(c)	CPR	<input checked="" type="checkbox"/>
(d)	Adult Foster Care	<input checked="" type="checkbox"/>
(e)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
(f)	Financial & Administrative Management.	<input checked="" type="checkbox"/>
(g)	Knowledge of population.	<input checked="" type="checkbox"/>
(h)	Resident Rights	<input checked="" type="checkbox"/>
(i)	Prevention & containment of Communicable Disease	<input checked="" type="checkbox"/>
307(1)	Behavior Intervention, if applicable	<input checked="" type="checkbox"/>
201(4)	Deemed competent if one or more of following:	<input checked="" type="checkbox"/>
(a)	Training approved by department	<input checked="" type="checkbox"/>
(b)	Competency Review (not avail.)	<input type="checkbox"/>
(c)	Program of relevant study – (college)	<input type="checkbox"/>
(d)	Experience w/ population	<input checked="" type="checkbox"/>
203(1)	Annual training: 16 hrs. or 6 credit hrs. (RENEWAL ONLY)	<input checked="" type="checkbox"/>
MEMBERS OF HOUSEHOLD		
201 (10)	Licensing Record Clearance done by department (entered on BITS)	<input checked="" type="checkbox"/>
205(1)	Physician's statement on file in home	<input checked="" type="checkbox"/>
205(5)	TB test results on file	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
EMPLOYEE RECORDS WORKSHEET		
R 208 (1) (a)(b)(c)	Address, SS#, License Certification, Driver's License	<input checked="" type="checkbox"/>
R 204 (1), 208 (1)(d)	Verification of Age	<input checked="" type="checkbox"/>
R208 (1)(e)	Verification of experience, education, training	<input checked="" type="checkbox"/>
R208(1)(f)	Verification of reference checks—2	<input checked="" type="checkbox"/>
208(1)(g)	Beginning and ending dates of employment	<input checked="" type="checkbox"/>
R 205(3) & 208(1)(h)	Medical Information- Physicians statement at hire or w/l 30 days	<input checked="" type="checkbox"/>
R 205(6) & 208(1)(h)	Annual health review	<input checked="" type="checkbox"/>
R 205(5) & 208(1)(i)	TB testing results--current at hire & every 3 yrs after	<input checked="" type="checkbox"/>
R 207(2) & (3) & 208(1)(h)	Verification of receipt of personnel polices & job description	<input checked="" type="checkbox"/>
R 201(10) & 204(2)(a)	Suitability determination	<input checked="" type="checkbox"/>
MCL400.713	Verification of GMC determination – hired prior to 8/01/04	<input type="checkbox"/>
MCL400.734b	Good moral character and convictions if hired 8/1/04 or after	<input checked="" type="checkbox"/>
R 205(7)	Volunteers-Physical/mental health and free from communicable disease.	<input checked="" type="checkbox"/>
R 208(1)(e)	Verification of training & competency	<input checked="" type="checkbox"/>
R 204(3)(a)	Reporting requirements	<input checked="" type="checkbox"/>
R 204(3)(b)	First Aid	<input checked="" type="checkbox"/>
R 204(3)(c)	CPR	<input checked="" type="checkbox"/>
R 204(3)(d)	Personal Care/ Supervision/ Protection needs of residents in home	<input checked="" type="checkbox"/>
R 204 (3)(e)	Resident Rights	<input checked="" type="checkbox"/>
R 204(3)(f)	Safety and Fire Prevention	<input checked="" type="checkbox"/>
R 204(3)(g)	Prevention & Containment of Communicable Diseases	<input checked="" type="checkbox"/>
R 312(4)(a)	Medication Administration	<input checked="" type="checkbox"/>
R 307(3)	Behavior Intervention Techniques	<input checked="" type="checkbox"/>
R 309(8)	Crisis Intervention, if applicable	<input checked="" type="checkbox"/>
R 201(14)	Food Preparation Staff- training or experience (for 7+ homes)	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
RESIDENT RECORD WORKSHEET		
316 (2)	Kept for 2 years after discharge	<input checked="" type="checkbox"/>
316 (1)(b)	Admission date	<input checked="" type="checkbox"/>
316(1)	Resident ID Info SS#, DOB, case #, marital status, former address, name, address, phone # of next of kin, emergency contact person, responsible agency, and preferred physician, medical insurance, funeral provisions and religious preference.	<input checked="" type="checkbox"/>
301 (5-8) 316 (1) (e)	Resident Care Agree. completed	<input checked="" type="checkbox"/>
301 (10) 316 (1) (d)(i)	Health Care Appraisal completed	<input checked="" type="checkbox"/>
301 (11) 316 (1)(d)(iv)	Physician's instructions & contacts recorded	<input checked="" type="checkbox"/>
316 (1) (d)(v)	Emergency care and advanced medical directives, if applicable.	<input checked="" type="checkbox"/>
301 (2)(4)(5) 316 (1) (f)	Assessment Plan completed	<input checked="" type="checkbox"/>
303 (2)	Care provided per Assessment Plan	<input checked="" type="checkbox"/>
306 (2)	Assistive Device use in Assessment Plan	<input checked="" type="checkbox"/>
306 (3)	Assistive Device authorizations in file	<input checked="" type="checkbox"/>
310 (3), 316 (1)(g)	Resident weight record kept 2 years	<input checked="" type="checkbox"/>
312(2)	Meds administered per label	<input checked="" type="checkbox"/>
312 (4)(b)(c) 316 (1)(d)(ii)	Medication Logs Maintained	<input checked="" type="checkbox"/>
315(3) 316 (1)(i)	Funds & Valuables Part I in file	<input checked="" type="checkbox"/>
315(3)(8)	Funds & Valuable Part II maintained, accurate & w/ applicable signatures	<input checked="" type="checkbox"/>
315(9)	Resident funds separate from licensees	<input checked="" type="checkbox"/>
315 (11)	Prior written approval of charges	<input checked="" type="checkbox"/>
311 (1-6)	Incident/Accident Reports, completed & on department form	<input checked="" type="checkbox"/>
311 (7) 316 (1)(h)	Incident/Accident Reports on file 2 yrs.	<input checked="" type="checkbox"/>
302 (3-8)	Discharge procedures in compliance	<input checked="" type="checkbox"/>
316 (1)(c)	Discharge date and where went	<input checked="" type="checkbox"/>
313 (3)	Special Diets prescribed by physician	<input checked="" type="checkbox"/>
	Special diet provided	<input checked="" type="checkbox"/>
313 (5)	Record of Special Diet served and menus maintained	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
PHYSICAL PLANT WORKSHEET		
KITCHEN		
401(2)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
401(4)	Trash Containers Leak Proof/Tight Lid	<input checked="" type="checkbox"/>
401(5)	Evidence of Rodents, Pests, Insects	<input checked="" type="checkbox"/>
401(6)	Caustic/Poisons Away from Food	<input checked="" type="checkbox"/>
401(8)	Hand Washing Facilities/Indiv. Towels	<input checked="" type="checkbox"/>
402	Food Service:	<input checked="" type="checkbox"/>
(1)	Food Quality	<input checked="" type="checkbox"/>
(2)	Food Storage - All locations	<input checked="" type="checkbox"/>
(3)	Refrigerators/Freezers / Thermometers / Cold Food Below 40°F/Hot Above 140°F	<input checked="" type="checkbox"/>
(4)(5)	Equip/Utensils: Cleaning/Type/Condition	<input checked="" type="checkbox"/>
(6)	Appliance Installation/Hood or Canopy Filters/Clean Filters	<input checked="" type="checkbox"/>
402(3)	Food Prep Areas Clean/Good Repair	<input checked="" type="checkbox"/>
403(5)(7)	Floors/Walls/Counter Finishes Condition and cleanliness	<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>
BATHS		
401(2)	Water Temperature 105-120°F	<input checked="" type="checkbox"/>
401(6)	Caustics – non resident areas	<input checked="" type="checkbox"/>
401(8)	Hand Washing / Indiv. Hand Towels	<input checked="" type="checkbox"/>
403(11)	Handrails in Showers/bath Areas	<input checked="" type="checkbox"/>
403(11)	Tub Non-Skid Surfacing in showers/tub	<input checked="" type="checkbox"/>
403(3)	Lighting adequate	<input checked="" type="checkbox"/>
403(5)	Walls, Floors, Ceilings	<input checked="" type="checkbox"/>
403(6)	Plumbing in Good Working Condition / Properly Installed	<input checked="" type="checkbox"/>
403(7)	Floor Covering Easily Cleanable	<input checked="" type="checkbox"/>
407(1)	Ventilation (Natural or Mechanical) Windows Easily Opened	<input checked="" type="checkbox"/>
407(3)	Doors, Hardware, Latches	<input checked="" type="checkbox"/>
407(4)	One Full Bath per 8 Residents	<input checked="" type="checkbox"/>
407(5)	1 Toilet & Lav. on Flr with Res. Bedrooms	<input checked="" type="checkbox"/>
407(6)	1 Bathing Facility on Each Floor that has Resident Bedrooms (does not apply to	<input checked="" type="checkbox"/>
411(3)	Clean Towels / Washcloths for Each Resident – Laundered 2 Times Weekly	<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>
LIVING AREAS (Resident Access, Adequacy)		
401(7)	Ventilation, Openable Windows / Screen or Air Conditioning	<input checked="" type="checkbox"/>
403(1)	Maint.: Prov. Health/Safety/Well Being	<input checked="" type="checkbox"/>
(2)	Clean and Orderly	<input checked="" type="checkbox"/>
(3)	Well Lighted and Ventilated	<input checked="" type="checkbox"/>
(5)	All Surfaces and Finishes Easily Cleanable and Good Repair	<input checked="" type="checkbox"/>
403(14) 510(4)	Steam Radiators and Hot Water Pipes Shielded (510 (4) after March 1980)	<input checked="" type="checkbox"/>
405(1)	35 Sq. Ft. Living Space per Occupant (Doesn't apply to original owner licensed	<input checked="" type="checkbox"/>
405(3)	Resident with Impaired Mobility Accessibility / Street Level	<input checked="" type="checkbox"/>
405(4)	No Residents Above 2nd Floor (Post 05/24/94 – See 405(5) for Exceptions)	<input checked="" type="checkbox"/>
405(7)	Adequate Multipurpose Space	<input checked="" type="checkbox"/>
405(8)	Dining Space to Accommodate All Res.	<input checked="" type="checkbox"/>
406	Room Temperature and Circulating Air Other (68-72°)	<input checked="" type="checkbox"/>

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Rule #	Description	Check If Assessed
MISCELLANEOUS		
312(1)	Locked Storage of Medications	<input checked="" type="checkbox"/>
318(3)	Telephone available and accessible	<input checked="" type="checkbox"/>
318(6)	Emergency transportation available	<input checked="" type="checkbox"/>
319(a)	Car in good operating condition	<input checked="" type="checkbox"/>
319(b)	First Aid Kit in car	<input checked="" type="checkbox"/>
401(1)	Water Test (initially and every 2 years)	<input checked="" type="checkbox"/>
401(1)	Hot and Cold Running Water	<input checked="" type="checkbox"/>
401(3)	Public Sewer or Approved System (initially and every 2 years)	<input checked="" type="checkbox"/>
401(7)	Screens on any opening to outside (April to November)	<input checked="" type="checkbox"/>
403(6)	Plumbing properly installed and maintained. Water Heater Temperature Control and	<input checked="" type="checkbox"/>
403(10)	Throw Rugs (Nonskid Backing)	<input checked="" type="checkbox"/>
404	Adequate Provision for Laundry	<input checked="" type="checkbox"/>
403(1) 510(2)(3)	Dryer Vented with Metal Duct (510(2)(3) after March 1980)	<input checked="" type="checkbox"/>
403(1) 244(4)	Combustible Storage (244(4) on or before March 1980) (511(4) after March 1980)	<input checked="" type="checkbox"/>
403(1) 512(1)(2)	Wiring (512 (1)(2) after March 1980) (400.2246 on or before March 1981)	<input checked="" type="checkbox"/>
403(1)	Other – Home Healthy, Safe and Well- Being of Residents	<input checked="" type="checkbox"/>
BEDROOMS		
401(9)	Cleaned and Sanitized at Discharge	<input checked="" type="checkbox"/>
405(2)	Reasonable Storage Space	<input checked="" type="checkbox"/>
408(1)	Bedrooms 50% or More above Grade – 2 Means of Egress	<input checked="" type="checkbox"/>
408(4) 507(5)	Side Hinged Door, Nonlocking Against Egress – 30-Inch Wide (507(5) after March 1980)	<input checked="" type="checkbox"/>
408(7)	One Openable Window	<input checked="" type="checkbox"/>
408(8)	Residents Same Sex or Married	<input checked="" type="checkbox"/>
408(9) 405(3)	Impaired Mobility on Street Floor	<input checked="" type="checkbox"/>
409(1)	Usable Floor Space – Ceiling 6'6" or more & 7 foot horizontal dimension closets and spaces under portable wardrobes not counted in floor space.	<input checked="" type="checkbox"/>
409(2)(3)	65 Square Feet – Multiple Occupancy 80 Square Feet – Single Occupancy	<input checked="" type="checkbox"/>
409(4)	Maximum of two Beds in Room (On or after 05/24/94)	<input checked="" type="checkbox"/>
409(7)	3 Feet of Clearance Between Beds	<input checked="" type="checkbox"/>
410(1)(a)	Closet or Wardrobe	<input checked="" type="checkbox"/>
410(1)(b)	Lighting	<input checked="" type="checkbox"/>
410(1)(c)	Bureau/Dresser/Equivalent	<input checked="" type="checkbox"/>
410(1)(d)	Chair	<input checked="" type="checkbox"/>
410(2)	Mirror	<input checked="" type="checkbox"/>
410(5)	Mattress/Foundation Clean/Good Condition/Size	<input checked="" type="checkbox"/>
411(1)	Beds (2 Sheets, Pillowcase, Blanket, Spread and Clean and in Good Condition)	<input checked="" type="checkbox"/>
411(2)	Pillow	<input checked="" type="checkbox"/>
411(3)	Towels and Wash Cloths Provided / Cleaned	<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
BEDROOMS – Before 05/24/94 – 3 or 4 Beds in Room		
409(5)	Maximum of 4 Beds, Present Owner	<input type="checkbox"/>
409(6)	Maximum of 4 Beds, New Owner	<input type="checkbox"/>
409(6)(a)	Resident Agrees in Writing	<input type="checkbox"/>
409(6)(c)	70 Square Feet of Space per Bed	<input type="checkbox"/>
409(6)(d)	Individual Privacy Assured	<input type="checkbox"/>
	Other	<input type="checkbox"/>
STAIRS – EXTERIOR / INTERIOR & EXITS		
403(8)	Handrails 30- to 34-inches above tread	<input checked="" type="checkbox"/>
403(8)	Porches & Decks – 8-inches or more above grade (Handrails on open sides)	<input checked="" type="checkbox"/>
403(9)	Stairs Uniform in Size and Rise	<input checked="" type="checkbox"/>
403(12)	Sidewalks, Entrances, Fire Escape Routes Clear	<input checked="" type="checkbox"/>
243(1) 507(5)	30-Inch Doorways (243(1) on or before March 1980) (507(5) after March 1980)	<input checked="" type="checkbox"/>
507(6) 243(1)	Hardware / Locks Nonlocking Against Egress (507(6) after March 1980) (243(1) on or before March 1980)	<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>
EXTERIOR		
401(4)	Rubbish Removal from Home Daily and Premises Weekly	<input checked="" type="checkbox"/>
403(1) (13)	Maintenance of Yard Area / Premises	<input checked="" type="checkbox"/>
403(4)	Exterior Walls, Roof, Doors / Windows (Chimney, Eaves, Screens, Paint / Siding) weather tight/water tight	<input checked="" type="checkbox"/>
	Other	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
FIRE SAFETY: ON OR BEFORE 3/27/80		
R231	All occupied rooms are of standard lath and plaster construction, or equivalent.	<input type="checkbox"/>
R233	Basement bedrooms are 50% or more above grade with 2 acceptable means of egress.	<input type="checkbox"/>
R242	Interior finishes are not made from highly flammable material such as paper, cardboard, etc.	<input type="checkbox"/>
R243(1)	Means of egress, that is the entire passage to safe ground outside, is kept unobstructed.	<input type="checkbox"/>
R243(1)	Basements used for resident activity have 2 acceptable means of egress.	<input type="checkbox"/>
R243(1)	Doors which form required means of egress must have positive latching non-locking against egress hardware, and must be at least 30", or 36" if new construction.	<input type="checkbox"/>
R243(1)	Exit doors insure adequate egress for residents who use wheelchairs, and have ramps, where needed.	<input type="checkbox"/>
R243(2)	1st floor has 2 separate and independent means of egress leading to the outside.	<input type="checkbox"/>
R243(3)	New or remodeled homes – corridors lead directly to the outside or to required stairways that lead to the outside at grade level. (No dead end corridors).	<input type="checkbox"/>
R243(4)	Exterior doors and doors of occupied rooms have positive latching, non-locking against egress hardware.	<input type="checkbox"/>
R243(5)	If accommodating residents who use wheelchairs, has two ramps and primary and secondary exits, with no more than 1 foot of rise in	<input type="checkbox"/>
R244(1)	Is heated by an approved heating plant.	<input type="checkbox"/>
R244(1)	If heating plant is in the basement, floor separation between the basement and 1st floor is provided and includes a 1 3/4" solid wood core door, or equivalent.	<input type="checkbox"/>
R244(1)	If heating plant is on the same level as resident, the furnace room is separated from the rest of the building with a minimum 1-hour protected enclosure.	<input type="checkbox"/>
R244(1)	Furnace room has a permanent, non- closable outside vent for combustion air.	<input type="checkbox"/>
R244(1)	Home does not use space heaters.	<input type="checkbox"/>
R244(2)	Has approved, permanent, fixed type electrical heating, such as baseboard heat.	<input type="checkbox"/>
R244(2)	Has AGA approved sealed combustion wall heater installed per manufacturer's recommendations and on outside wall, with combustion air directly from outside and vented directly to the outside.	<input type="checkbox"/>
R244(3)	Has flame producing water heater that is installed with the same protection as a heating plant.	<input type="checkbox"/>
244(4)	Combustible materials are not stored in rooms containing the heating plant, water heater or incinerator.	<input type="checkbox"/>
R245	Has one 5 lb. multi-purpose (2A10 BC) fire extinguisher, or equivalent, on each occupied floor and in the basement.	<input type="checkbox"/>
R246	Electrical service is maintained in safe condition.	<input type="checkbox"/>
R246	Electrical inspection needed? If so, done by qualified inspection service and copy submitted to department?	<input type="checkbox"/>
Group R403(8) Family R247(1)	Interior and exterior stairways have sturdy, securely fastened handrails that are between 30"-34" above upper tread surface.	<input type="checkbox"/>
Group R403(8) Family R247(1)	Exterior stairways and porches have handrails on all open sides.	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
FIRE SAFETY: ON OR BEFORE 3/27/80 (Continued)		
Group R403(10) Family R247(2)	Scatter or throw rugs have nonskid backings.	<input type="checkbox"/>
Group R403(11) Family R247(3)	Bath and shower areas have handrails and nonskid surfacing/strips.	<input type="checkbox"/>
Group R403(12) Family R247(4)	Sidewalks, fire escape routes and entrances are free of hazards.	<input type="checkbox"/>
Group R402(6) Family R426(12)	Cooking appliances are installed in accordance with approved safety practices.	<input type="checkbox"/>
Group R402(6) Family R426(12)	Metal canopies are equipped with filters and are clean and maintained in good condition.	<input type="checkbox"/>
Group R318 (3) Family R261(1)	Has a telephone.	<input type="checkbox"/>
Group R318 (3) Family R261(2)	Emergency numbers posted next to phone	<input type="checkbox"/>
Group R318 (1) Family R261(1)(2)	Has written emergency procedure and evacuation plan.	<input type="checkbox"/>
Group R318 (2) Family R261(2)	Evacuation plan minimally include a floor plan.	<input type="checkbox"/>
Group R318 (4) Family 261(1)	Employees and residents familiar with emergency and evacuation procedures.	<input type="checkbox"/>
Group R318 (5)	Practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter.	<input type="checkbox"/>
Family 261(2)	At least 4 fire drills per year	<input type="checkbox"/>
Group R318 (5)	A record of practices be maintained and available for review.	<input type="checkbox"/>
Group R318 (6)	Availability of emergency transportation.	<input type="checkbox"/>

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Rule #	Description	Check If Assessed
FIRE SAFETY: AFTER 3/27/1980		
R502	All occupied rooms are of standard lath and plaster construction, or equivalent.	<input checked="" type="checkbox"/>
R503(1)	Interior finishes are at least Class C throughout the facility.	<input checked="" type="checkbox"/>
R503(2)	Interior finish is securely attached to, or furred out not more than 1" from, walls, ceilings that are made of at least ¾" thick dry wall, plaster masonry, or natural solid wood.	<input checked="" type="checkbox"/>
R503(3)	Interior finish materials, other than dry wall, plaster or natural solid wood that is at least ¾" thick, are not attached directly to wall studs or to floor/ceiling joists.	<input checked="" type="checkbox"/>
R503(3)	Has a suspended ceiling that is made of Class A material that is at least ¼" thick and is installed in accordance to manufacturers specifications.	<input checked="" type="checkbox"/>
R503(4)	Class A, B and C interior finish materials meet minimum flame and smoke requirements.	<input checked="" type="checkbox"/>
R504(a-g)	Interior finish meets the requirements of this rule.	<input checked="" type="checkbox"/>
R505(1)	Smoke detectors installed on each floor, rooms with flame producing/heat producing equipment and sleeping areas.	<input checked="" type="checkbox"/>
R505(2)	Facility has heat detectors in place of smoke detectors in kitchen, bathroom or areas with heat/flame producing equipment.	<input checked="" type="checkbox"/>
R505(4)	Detectors are maintained and tested according to manufacturer's recommendations.	<input checked="" type="checkbox"/>
R505(5)	Detectors mounted on ceilings are at least 6" away from walls.	<input checked="" type="checkbox"/>
R505(5)	Detectors mounted on walls are 6"-12" away from the ceiling.	<input checked="" type="checkbox"/>
R505(5)	Detectors are not mounted where ventilation systems or other obstructions keep smoke away.	<input checked="" type="checkbox"/>
R505(6)	Home is a new construction, conversion or change of category and has approved smoke detection system installed and powered from the building's electrical system.	<input checked="" type="checkbox"/>
R506(1)	There is one fire extinguisher (2A10 BC) on each Floor	<input checked="" type="checkbox"/>
R506(2)	Fire extinguishers are examined and maintained according to manufacturer's recommendation.	<input checked="" type="checkbox"/>
R507(1), (2)	Entire passage of means of egress is unobstructed.	<input checked="" type="checkbox"/>
R507(3)	The basement, if used for resident activities, has 2 approved means of egress; 1 directly to the outside.	<input checked="" type="checkbox"/>
R507(4)	The 1st floor has 2 separate and independent means of egress that lead directly to the outside.	<input checked="" type="checkbox"/>
R507(5)	Doors that are part of the required means of egress are at least 30" wide and have positive latching, non-locking against egress hardware.	<input checked="" type="checkbox"/>
R507(6)	All occupied rooms have positive latching, non-locking against egress hardware.	<input checked="" type="checkbox"/>
R507(7)	Interior and Exterior stairways have sturdy, securely fastened handrails that are between 30"-34" above upper tread surface.	<input checked="" type="checkbox"/>
R507(7)	Exterior/interior stairways and porches have handrails on all open sides.	<input checked="" type="checkbox"/>
R508(1), (3)	Resident bedrooms have 1 outside window for emergency rescue OR bedroom opens onto a corridor with 2 means of egress, one of which leads directly outside OR bedroom has a door that leads directly to the outside.	<input checked="" type="checkbox"/>
R508(2)	A bedroom window must be easily openable from the inside.	<input checked="" type="checkbox"/>
R509(1)	Facility accommodates residents using wheelchairs and has ramps from the 2 approved means of egress on the 1st floor.	<input checked="" type="checkbox"/>
R509(2)	Ramps terminate on firm, solid, unobstructed ground. Resident can move a safe distance away from building	<input checked="" type="checkbox"/>
R509(2)	Ramp slope not more than 1' of rise in 12' of run. Ramps are to have handrails on open sides.	<input checked="" type="checkbox"/>

FACILITY Sunderland House	LICENSE #	DATE
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Rule #	Description	Check If Assessed
FIRE SAFETY: AFTER 3/27/1980 (Continued)		
R510(1)	Heat is provided by an approved central heating plant or approved permanently installed electrical heating system.	<input checked="" type="checkbox"/>
R510(2)	Heat producing equipment is properly installed and is maintained in a safe condition.	<input checked="" type="checkbox"/>
R510(3)	Is inspection of heat producing equipment needed? If so, done by qualified inspection service and copy submitted to department?	<input checked="" type="checkbox"/>
R510(4)	Hot water pipes and radiators in resident areas are shielded.	<input checked="" type="checkbox"/>
R510(5)	Facility is not using portable heating units.	<input checked="" type="checkbox"/>
R511(1)	Heating plant is in the basement and floor separation between the basement and 1st floor is provided and includes a 1 3/4" solid wood core door, or equivalent.	<input checked="" type="checkbox"/>
R511(2)	Heating plant and/or flame producing equipment on the same level as residents is in an enclosed room with a 1-hour-fire-resistance rating.	
R511(2)	Heating plant room has a 1 3/4" wood door, is in a fully stoppable wood or steel frame, and is equipped with an automatic self-closing device and positive-latching hardware.	<input checked="" type="checkbox"/>
R511(3)	Heating plant room has a permanent, non-closable outside vent for combustion air.	<input checked="" type="checkbox"/>
R511(4)	Combustible materials are not stored in rooms containing the heating plant, water heater, flame producing equipment or incinerator.	<input checked="" type="checkbox"/>
R512(1)	The electrical service is maintained in a safe condition.	<input checked="" type="checkbox"/>
R512(2)	Electrical inspection needed? If so, done by qualified inspection service and copy submitted to department?	<input checked="" type="checkbox"/>

FACILITY Sunderland House	LICENSE #	DATE
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Rule #	Description	Check If Assessed
SPECIAL CERTIFICATION		
STAFFING & TRAINING		
R 1806(3)	Training curriculum approved by Dept. Comm. Health	<input checked="" type="checkbox"/>
R 1806(2)(a)	Intro to community residential services	<input checked="" type="checkbox"/>
R 1806(2)(b)	Intro to the special needs of clients	<input checked="" type="checkbox"/>
R 1806(2)(c)	Basic interventions	<input checked="" type="checkbox"/>
R 1806(2)(d)	Basic first aid and CPR	<input checked="" type="checkbox"/>
R 1806(2)(e)	Precaution & procedures for admin. medications	<input checked="" type="checkbox"/>
R 1806(2)(f)	Preventing, preparing & procedures for emergencies	<input checked="" type="checkbox"/>
R 1806(2)(g)	Resident rights	<input checked="" type="checkbox"/>
R 1806(2)(h)	Nonaversive techniques...challenging behaviors	<input checked="" type="checkbox"/>
FACILITY RECORDS		
R 1802(4)	Review of Recipient Right policies	<input checked="" type="checkbox"/>
R 1803(5)	Evacuation "E score" for facility completed	<input checked="" type="checkbox"/>
R 1803(6)	Evacuation assessment including all occupants done w/l 30 days of admission/or moving into home and annually thereafter	<input checked="" type="checkbox"/>
R 1806(1)	Sufficient staff to implement plans of service	<input checked="" type="checkbox"/>
R 1806(1)	Plans of Service implemented	<input checked="" type="checkbox"/>
R 1805	Common use areas accessible to residents	<input checked="" type="checkbox"/>
R 1805	Transportation to meet all resident needs	<input checked="" type="checkbox"/>
FIRE SAFETY EQUIPMENT		
4-6 CAPACITY		
R 1803(1)	Interconnected Smoke Detection System (4-6 capacity) Audible in all areas of the	<input checked="" type="checkbox"/>
R 1803 (1)	Installed on all levels including basement.	<input checked="" type="checkbox"/>
R 1803 (1)	Shall have battery back-up –	<input checked="" type="checkbox"/>
R 1803 (1)	Accommodate sensory impaired	<input checked="" type="checkbox"/>
R 1803 (1)	Installed by licensed electrical contractor	<input checked="" type="checkbox"/>
R 1803 (1)	Recorded annual inspections	<input checked="" type="checkbox"/>
R 1803(3)	Fire drills: day, evening & sleeping hrs. once each quarter (4 or more capacity)	<input checked="" type="checkbox"/>
3 OR FEWER CAPACITY		
R 1803(2)	Assured alarm audible in all areas of the home. (3 or fewer capacity). Detectors on each level and basement. Not required to be interconnected	<input type="checkbox"/>
R 1803(4)	Fire Drills 4 X's a year 2 of which must be in sleeping hours (FA homes with 3 or fewer capacity only)	<input type="checkbox"/>



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 19, 2024

Nichole Barnett
Dynamic Care Group LLC
5670 Arborview Ct
West Bloomfield, MI 48322

RE: License #: AS820401437
Sunderland House
20520 Sunderland
Detroit, MI 48219

Dear Nichole Barnett:

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 a Statement of Correction.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #:	AS820401437
Licensee Name:	Dynamic Care Group LLC
Licensee Address:	5670 Arborview Ct West Bloomfield, MI 48322
Licensee Telephone #:	(313) 770-7030
Licensee/Licensee Designee:	Nichole Barnett
Administrator:	Nichole Barnett
Name of Facility:	Sunderland House
Facility Address:	20520 Sunderland Detroit, MI 48219
Facility Telephone #:	(313) 740-7335
Original Issuance Date:	07/23/2021
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2024

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- 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.
Resident had already eaten
- 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.
None
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
7/28/2024 Rules: 734(b)(2), 204(3), 208(1), 301(2) N/A ☐
- Number of excluded employees followed-up? 1 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 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident A had more than \$200 being kept for her in the facility by the licensee designee.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Fire drills were not conducted quarterly during each timeframe as required. Only four drills were completed during the year 2023.

IV. RECOMMENDATION

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



Regina Buchanan
Licensing Consultant

07/19/2024
Date

License # AS820401437
Investigation #

Facility Name Sunderland House

OCAL - CODE SHEET

[PLEASE ADD ANOTHER PAGE IF MORE ROOM IS NEEDED]

Resident/Child/Witness Name					Complete for AFC/HFA Summary Only
Code Name/#	Name	DOB	Address	Phone #	SSN
Resident A	Ruby Barnes		20520 Sunderland Detroit, MI 48219	313-740-7335	

Comments

EXEMPT FROM PUBLIC DISCLOSURE

AFC/HFA SAMPLE CORRECTIVE ACTION PLAN

Sunderland House

Facility Name:

AS820401437

License Number:

A corrective action plan (CAP) must identify:

- How compliance with each rule violation will be achieved
- Timeframes for completion/implementation of correction of each violation
- How continuing compliance will be maintained once achieved
- Who is responsible for implementing corrective action for each violation

CAP must be dated and signed by Licensee, Licensee Designee, or for HFA only, Authorized Representative

Rule # 318(5)	Describe violation: Fire Drills not completed during each time frame quarterly	
Corrective action: Fire Drills will be done as required		Date Achieved/Implemented: 7/18/24
How maintained: Document drill dates and times on calendar so staff will know when to complete each drill		Person Responsible: Nichole Barnett
Rule # 315(6)	Describe violation: resident A has more than \$200 being kept in the home	
Corrective action: residents will have no more than \$200 kept in home		Date Achieved/Implemented: 7/24/24
How maintained: Bank account will be opened for resident		Person Responsible: Nichole Barnett
Rule #	Describe violation:	
Corrective action:		Date Achieved/Implemented:
How maintained:		Person Responsible:
Rule #	Describe violation:	
Corrective action:		Date Achieved/Implemented:
How maintained:		Person Responsible:
Signature of Licensee/Licensee Designee, or for HFA only, Authorized Representative: Nichole Barnett		Date of Signature: 7/18/24



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 16, 2024

To: Polly McCallister, DWIHN-ORR Director
Detroit Wayne Integrated Health Network
707 W. Milwaukee Street
Detroit, MI 48202

Facility: Sunderland House
20520 Sunderland
Detroit, MI

License No.: AS820401437

We are requesting information for compliance with contract requirements for protecting recipient rights for the noted facility. Please provide this information to the following Adult Foster Care Licensing staff:

Regina Buchanan, AFC Licensing Consultant
Bureau of Children & Adult Licensing
Cadillac Place, Suite 9-100
3026 West Grand Blvd.
Detroit, MI 48202
Phone: 313-949-3029
Fax: 517-763-0211

Response:

As of N/A, review of this agency's Office of Recipient Rights records indicates:

- ☐ The adult foster care home is in compliance with this agency's contract requirements for protecting recipient rights.
- ☐ The adult foster care home is not in compliance with this agency's contract requirements for protecting recipient rights for the following reason(s).
- ☐ The adult foster care home is in contractual compliance following recipient rights compliance review by this agency's contractors.

Comments: This site does not have a contract with DWIHN.

Edward Sims, ORR RRI

Authorized Signature

5/10/24

Date



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2024

Nichole Barnett
Dynamic Care Group LLC
5670 Arborview Ct
West Bloomfield, MI 48322

RE: License #: AS820401437

RE: SI LOG #: **Sunderland House
20520 Sunderland
Detroit, MI 48219**

Dear Nichole Barnett:

This letter is to advise you that the 07/18/2024 corrective action plan you submitted, regarding each rule violation cited in the recently completed Renewal Licensing Study Report, is approved.

To verify your implementation and compliance with this corrective action plan:

- *You are to submit a Statement of Correction.*

It is expected that the corrective action plan will be implemented within the time frames as outlined in your 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.

The office provides technical assistance to meet the licensing requirements and consultation to improve services.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Regina Buchanan". The ink is dark and the signature is fluid, with a long, sweeping underline.

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

STATEMENT OF CORRECTION
Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Adult Foster Care and Homes for the Aged Licensing

To: Regina Buchanan , Licensing Consultant/Staff
From: Nichole Barnett , Licensee/Licensee Designee/Authorized Representative

Facility Name <u>Sunderland House</u>	License Number <u>AS820401437</u>
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This letter confirms the correction of the following area(s) of non-compliance as cited in the:

<input checked="" type="checkbox"/> Report dated: <u>7/18/2024</u>	<input type="checkbox"/> Fire safety inspection report dated:	<input type="checkbox"/> Environmental health report dated:
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<input type="checkbox"/> Other	Dated: <u>07/24/2024</u>
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***The following rules are now in compliance:**

RULE	METHOD OF COMPLIANCE
315 (6)	Resident opened savings account at Comerica Bank on 7/22/2024 to deposit money.

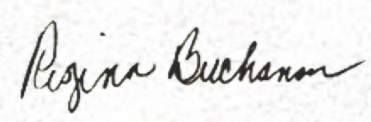
Signature (Licensee/Licensee Designee/Authorized Representative) 	Date <u>7/24/24</u>
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☐ Check if supporting documentation is enclosed

LICENSING RESPONSE

The above corrective action has been reviewed. The follow-up action will be:

- ☐ On-site inspection for verification
☐ Verify at next licensing inspection
☒ No further action needed; documentation submitted demonstrates compliance

Licensing Consultant/Staff Signature 	Date <u>07/24/2024</u>
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*For additional space, see reverse side.