



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 29, 2025

Anna Masambaji
PO Box 26243
Lansing, MI 48909

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

Dear Mrs. Masambaji:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification have been 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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 #:	AS230292716
Licensee Name:	Anna Masambaji
Licensee Address:	2109 Walmar Estate Drive Lansing, MI 48917
Licensee Telephone #:	(517) 980-1925
Licensee/Licensee Designee:	N/A
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): 09/29/2025

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/Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- Meal preparation / service observed? Yes No If no, explain.
The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- Fire drills reviewed? Yes No If no, explain.
The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
The facility has been on a 2nd provisional license due to fire damage. There have not been any residents in care since September 2024.
- 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

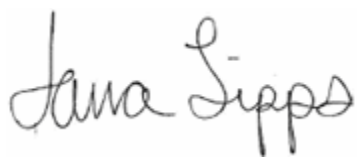
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



9/29/25

Jana Lipps
Licensing Consultant

Date