



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 26, 2026

Diane Jackson
Sunshine Homes LLC
48078 Four Seasons Blvd
Northville, MI 48168

RE: License #: AS820417126
Investigation #: 2026A0778013
Sunshine Homes

Dear Ms. Jackson:

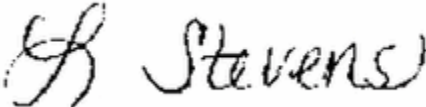
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (313) 456-0439.

Sincerely,

Handwritten signature of LaKeitha Stevens in black ink.

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820417126
Investigation #:	2026A0778013
Complaint Receipt Date:	01/20/2026
Investigation Initiation Date:	01/21/2026
Report Due Date:	03/21/2026
Licensee Name:	Sunshine Homes LLC
Licensee Address:	19060 Huntington Ave Harper Woods, MI 48223
Licensee Telephone #:	(248) 229-2028
Administrator:	Diane Jackson
Licensee Designee:	Diane Jackson
Name of Facility:	Sunshine Homes
Facility Address:	19060 Huntington Ave Harper Woods, MI 48223
Facility Telephone #:	(313) 458-8333
Original Issuance Date:	09/20/2023
License Status:	REGULAR
Effective Date:	03/20/2024
Expiration Date:	03/19/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staffing levels are unsafe. One staff per shift is inappropriate and unsafe.	Yes

III. METHODOLOGY

01/20/2026	Special Investigation Intake 2026A0778013
01/20/2026	Referral - Recipient Rights Referral received
01/21/2026	Special Investigation Initiated - Telephone Telephone call made to Office of Recipient Rights Officer, Tiffany Burgess
01/21/2026	APS Referral Notified via ORR
01/21/2026	Contact - Telephone call made Telephone interview with Rights Officer, Tiffany Burgess
01/26/2026	Inspection Completed On-site Unannounced onsite inspection. Face to face with staff, Geraldyn Copeland, Resident A, Resident B, Resident C, Resident D, Resident E
01/26/2026	Exit Conference Telephone exit conference with licensee designee, Diane Jackson

ALLEGATION: Staffing levels are unsafe. One staff per shift is inappropriate and unsafe.

INVESTIGATION: On 01/21/2026, I completed a telephone interview with Office of Recipients Rights Officer, Tiffany Burgess. She stated a complaint was received regarding lack of staffing, but no additional information was available.

On 01/26/2026, I completed an unannounced onsite inspection. I completed a face-to-face interview with home manager, Geraldyn Copeland. She stated she was the only staff on shift. However, there are generally two staff on each shift. She indicated the facility has five residents and currently all five residents are home. I asked about the needs of the residents and Geraldyn informed me two residents are ambulatory and the remaining residents utilize wheelchairs in addition one of the wheelchair residents is also legally blind and all require staff assistance. She indicated having one staff member on duty is not sufficient in event of emergency, fire drills and more. Geraldyn also stated this is not the norm for the home.

While onsite I completed face to face observations with each of the residents. I observed Resident C and Resident D, and they indicated there are generally two staff on shift but at times there is one staff. Resident A, Resident B and Resident E were in their bedrooms asleep and could not be interviewed.

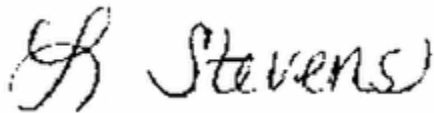
On 01/26/2026, I completed a telephone exit conference with licensee designee, Diane Jackson. She indicated there are generally two staff on shift. We discussed the needs and care of the residents with only two being ambulatory and the remaining three requiring wheelchair, one legally blind and requiring staff assistance for all things. Mrs. Jackson indicated she is aware of one staff not being sufficient and for that reason she generally has two staff on shift. She indicated she is aware of the violation and will submit a corrective action plan.

APPLICABLE RULE	
R 400.633	Staffing requirements.
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities. (b) 12 residents for small group and family homes.

ANALYSIS:	<p>The licensee designee, Diane Jackson failed to have sufficient staff on duty for the supervision and protection of the residents.</p> <p>The facility currently has five resident's total. Two residents are ambulatory and the remaining residents utilize wheelchairs and require staff assistance for the completion of all tasks. At the time of the unannounced inspection there was only one staff member on shift to provide care for all residents. One staff is not sufficient to meet all the needs of the residents and handle emergency situations.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action, I recommend this complaint is closed and the status of the license remains unchanged.



02/24/2026

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



02/26/2026

Ardra Hunter
Area Manager

Date