



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 2<sup>nd</sup>, 2026

Therese Fulgham  
Sensations  
511 E. Shepherd  
Charlotte, MI 48813

RE: License #: AH230303551  
**Sensations**  
**511 E. Shepherd**  
**Charlotte, MI 48813**

Dear Therese Fulgham:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, the status of the license will remain unchanged. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Horst".

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH230303551
<b>Licensee Name:</b>	AWL Companies LLC
<b>Licensee Address:</b>	511 E. Shepherd Street Charlotte, MI 48813
<b>Licensee Telephone #:</b>	(520) 307-1196
<b>Authorized Representative/ Administrator</b>	Therese Fulgham
<b>Name of Facility:</b>	Sensations
<b>Facility Address:</b>	511 E. Shepherd Charlotte, MI 48813
<b>Facility Telephone #:</b>	(517) 543-8101
<b>Original Issuance Date:</b>	03/03/2011
<b>Capacity:</b>	39
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/23/2026

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 03/02/2026

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) A service plan must identify prescribed medication to be self-administered or managed by the home.</b>
Review of Resident A and Resident B's service plan revealed the service plan did not detail who was responsible for administration of medications.	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(3) 3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: (v) The initials of the individual who administered the prescribed medication.</b>
Review of Resident A's February medication administration record (MAR) revealed staff did not initial the following medications: Pantoprazole 40mg: February 11 <sup>th</sup> Hydrocortisone: February 11 <sup>th</sup> Triamcinolone Cream: February 11 <sup>th</sup> Eucerin Cream: February 11 <sup>th</sup>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
Inspection of the facility kitchen revealed that the walk-in freezer contained items that were opened, unsealed, and were not dated (including but not limited to frozen vegetables, cheese, and noodles).	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

*Kimberly Host* 03/03/2026

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Licensing Consultant Date