GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 14, 2026

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

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

Dear Ms. Barnett:

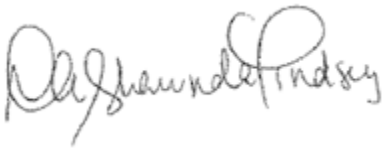
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,



DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202

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): 07/13/2026

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 3
No. of others interviewed 1 Role: Licensee designee/admin.

- 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.
- 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. There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: Renewal 2024- as315(6) and as318(5) 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 400.619	**Emergency preparedness plan.**
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
At the time of the inspection, there was no verification that a fire drill was conducted during the following periods: • 1st shift during 2nd quarter of 2026 • 2nd shift during 1st quarter of 2026 • 1st shift during 1st quarter of 2025 • 3rd shift during 4th quarter of 2024 **REPEAT VIOLATION ESTABLISHED. LSR, 07/19/2024. CAP, 07/18/2024.**	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
Per the medication pack, Resident A is prescribed Ferrous Sulfate 325mg on Monday, Wednesday, and Friday. Staff initialed the medication administration record (MAR) to show administration of the medication daily at 8am. Per the MAR, Resident B is prescribed ½ tablet of Quetiapine Fumarate 200mg twice daily as well as a whole tablet of Quetiapine Fumarate 200mg daily at night. Per licensee designee Nichole Barnett, staff administer ½ tablet of Quetiapine Fumarate 200mg in the morning and a whole tablet of Quetiapine Fumarate 200mg daily. However, staff initialed the MAR to show administration of ½ tablet of Quetiapine Fumarate 200mg twice daily.	
R 400.675	**Resident medications.**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (i) Medication name.

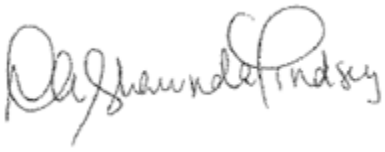
	(ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.
Per the medication pack, Resident A is prescribed Ferrous Sulfate 325mg on Monday, Wednesday, and Friday. Staff initialed the MAR to show administration of the medication daily at 8am. Staff prematurely initialed Resident A's MAR at 4pm on 07/13/2026 to show administration of Midodrine HCL 5mg. Per the MAR, Resident B is prescribed ½ tablet of Quetiapine Fumarate 200mg twice daily as well as a whole tablet of Quetiapine Fumarate 200mg daily at night. Per licensee designee Nichole Barnett, staff administer ½ tablet of Quetiapine Fumarate 200mg in the morning and a whole tablet of Quetiapine Fumarate 200mg daily. However, staff initialed the MAR to show administration of ½ tablet of Quetiapine Fumarate 200mg twice daily. Staff did not initial Resident B's MAR to show administration of the following medications on 06/29/2026 and 06/30/2026: • Docusate Sodium 100mg at 8pm • Quetiapine Fumarate 200mg at 10pm • Clorhephexidine Gluconate 0.12% Oral Rinse at 8am and 8pm • Loratadine 10mg at 8am • Banophen50mg at 10pm • Antibacterial Ointment at 8am and 8pm	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.
There was no verification that a health care appraisal was completed for Resident B in 2025.	

R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.
There was no verification that an assessment plan was conducted annually for Resident A. The only one was completed in December 2024.	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.
There was no verification that a resident care agreement was conducted annually for Resident A. The only one was completed in December 2024.	
R 400.715	**Facility environment; fire safety, adoption by reference.**
	(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category. (b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life

	Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of $168.00 for nonmembers of the NFPA and $151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.
Resident A was admitted into the facility on 12/27/2024. There was no verification that an evacuation assessment was conducted within 30 days of the admission.	
R 400.723	**Fire extinguishers.**
	(1) A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use on each occupied floor and in the basement.
There was not a 5-lb fire extinguisher on the main floor or in the basement.	
R 400.731	**Flame-producing equipment; enclosures.**
	(1) If the heating plant is in the basement, standard building material may be used for the floor separation. Floor separation must also include at least 1-3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.
There was not a door at the top or bottom of the basement stairway to create floor separation.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



07/14/2026

DaShawnda Lindsey Date
Licensing Consultant