

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 17, 2024

Robert Jelinek 1990 N Setterbo Rd Suttons Bay, MI 49682

RE: License #: AF450066173

The Toy House Retirement Home

1990 N Setterbo Rd Suttons Bay, MI 49682

Dear Robert Jelinek:

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 is 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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene O Messen

Bureau of Community and Health Systems

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AF450066173

Licensee Name: Robert Jelinek

Licensee Address: 1990 N Setterbo Rd

Suttons Bay, MI 49682

Licensee Telephone #: (231) 271-5301

Name of Facility: The Toy House Retirement Home

Facility Address: 1990 N Setterbo Rd

Suttons Bay, MI 49682

Facility Telephone #: (231) 271-5301

Original Issuance Date: 09/07/1995

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	05/17/2	024
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:	(01/08/2024
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		1 4
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	kplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	iin.
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

On May 17, 2024, I conducted an exit conference with Licensee Robert Jelinek. I explained my findings as noted above. Mr. Jelinek stated he understood, that he had no further information to provide concerning this renewal inspection and he had no further questions or comments concerning this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult family home (capacity 6).

Brene O Klesser May 17, 2024

Bruce A. Messer Date

Licensing Consultant