

July 22, 2024

Debra Robinson  
Robinham, Inc.  
49641 Watling  
Macomb, MI 48044

RE: License #: AS820252832  
**Robinham Manor's**  
**803 E. Grand Blvd.**  
**Detroit, MI 48214**

Dear Ms. Robinson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (313) 456-0380.

Sincerely,



Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820252832
<b>Licensee Name:</b>	Robinham, Inc.
<b>Licensee Address:</b>	49641 Watling Macomb, MI 48044
<b>Licensee Telephone #:</b>	(586) 427-5654
<b>Licensee/Licensee Designee:</b>	Debra Robinson
<b>Administrator:</b>	Debra Robinson
<b>Name of Facility:</b>	Robinham Manor's
<b>Facility Address:</b>	803 E. Grand Blvd. Detroit, MI 48214
<b>Facility Telephone #:</b>	(313) 571-9234
<b>Original Issuance Date:</b>	10/01/2003
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 2  
No. of others interviewed      Role:     

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Full paperwork inspection
- 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
203 (1), 403 (1) 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 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of inspection, Staff- Sheri Redley employee file reviewed did not contain a current communicable tuberculosis testing.

**R 400.14313      Resident nutrition.**

(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

At the time of inspection, License Designee did not have a record of variety of menus choices for one calendar year.

A corrective action plan was requested and approved on 07/18/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/22/2024

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Shatonla Daniel

Date

Licensing Consultant