



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 28, 2025

Robin Johnson  
108 W. Gibson Drive  
Greenville, MI 48838

RE: License #: AM590085545  
**Johnson's AFC Home**  
**108 W. Gibson Drive**  
**Greenville, MI 48838**

Dear Ms. Johnson:

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 documentation of compliance of the chairs added to the five resident bedrooms.

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Amanda Blasius'.

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AM590085545  |
| <b>Licensee Name:</b>              | Robin Johnson  |
| <b>Licensee Address:</b>           | 108 W. Gibson Drive<br>Greenville, MI 48838                                |
| <b>Licensee Telephone #:</b>       | (616) 225-1240   |
| <b>Licensee/Licensee Designee:</b> | Robin Johnson  |
| <b>Administrator:</b>              | Robin Johnson  |
| <b>Name of Facility:</b>           | Johnson's AFC Home   |
| <b>Facility Address:</b>           | 108 W. Gibson Drive<br>Greenville, MI 48838                                |
| <b>Facility Telephone #:</b>       | (616) 225-1240   |
| <b>Original Issuance Date:</b>     | 02/01/2000   |
| <b>Capacity:</b>                   | 12   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/28/2025

Date of Bureau of Fire Services Inspection if applicable: 05/05/2025

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed Role:

- 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. Licensee designee does not keep funds on file for any residents.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. Inspection did not occur during a meal time.
- 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: 5/6/25: as410(2) as408(7) as402(3) as301(9) as403(5) as403(2) as313(4) as401(8) as403(6) as403(7) as407(7) as301(4) as301(10) 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 400.14410          Bedroom furnishings.**

- (1) The bedroom furnishings in each bedroom shall include all of the following:**  
**(d) At least 1 chair.**

At the time of inspection, five resident bedrooms were missing a chair.

A corrective action plan was requested and approved on 10/28/2025. 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.



10/28/2025

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Amanda Blasius  
Licensing Consultant

Date