



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 15, 2018

Robin Rappley  
Robin's Nest Care Services  
3045 Mannion Rd  
Saginaw, MI 48603

RE: Application #: AS790395505  
Robin's Nest AFC  
324 Hamilton  
Caro, MI 48723

Dear Ms. Rappley:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS790395505
<b>Licensee Name:</b>	Robin's Nest Care Services
<b>Licensee Address:</b>	3045 Mannion Rd Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 274-0815
<b>Administrator:</b>	Robin Rappley
<b>Licensee Designee:</b>	Robin Rappley
<b>Name of Facility:</b>	Robin's Nest AFC
<b>Facility Address:</b>	324 Hamilton Caro, MI 48723
<b>Facility Telephone #:</b>	(989) 274-0815
<b>Application Date:</b>	07/27/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

07/27/2018	On-Line Enrollment
07/30/2018	Contact - Document Sent Rule and act books
08/07/2018	Contact - Document Received AFC 100 & Ri-030
08/07/2018	File Transferred To Field Office Saginaw
08/28/2018	Application Incomplete Letter Sent
09/27/2018	Application Complete/On-site Needed
09/27/2018	Inspection Completed On-site
09/27/2018	Inspection Completed-BCAL Sub. Compliance
09/30/2018	Contact - Document Received Inspection report of the home
10/08/2018	Inspection Completed-BCAL Full Compliance
10/15/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property at 324 N. Hamilton St., Caro, MI 48723, is owned by Robin Rappley and is leased to Robins' Nest Care Services, LLC. The facility is located in Indian fields Township and situated on a paved street within the city of Caro. This home is a single story, six-bedroom ranch styled structure built on a partial basement and crawl space. This home was previously licensed as Bennett's A Touch of Home AFC (AS790284731)

from November 15, 2006 through March 24, 2015. It was again licensed as A Touch of Home LLC (AS790363909) from March 25, 2015 through September 12, 2017. The capacity of the home will enable six residents to occupy private bedrooms.

Robins' Nest Care Services, LLC. Is vinyl sided and barrier free. The facility is heated with natural gas and has central air-conditioning. There is ample parking in the driveway and along the street in front of the facility. The interior of the facility consists of a living room, dining room, kitchen, medication room, one full bathroom, one half bathroom, laundry room, storage room, and six bedrooms.

The furnace and hot water heater are located in the basement with a fire rated metal door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The furnace was inspected by Jack's Heating and Cooling on October 5, 2018 and was determined to be fully operational. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	13' 3" X 9' 2" & 2' 2" X 3' 3"	128.39	1
#2	12' 6" X 8' 6" & 6' 3" X 4'	131.25	1
#3	12' 6" X 8' 6" & 6' 3" X 4'	131.25	1
#4	12' 6" X 8' 6" & 6' 3" X 4'	131.25	1
#5	12' 6" X 8' 6" & 6' 3" X 4'	131.25	1
#6	12' 11" X 9' 3" & 3' 3" X 3'	138.22	1

The living and dining room areas measure a total of 578.99 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** (6) male or female adults, ages 65 and above, whose diagnosis is Alzheimer's, aged, or

physically handicapped in the least restrictive environment possible. Wheelchair users will be accepted. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from hospitals and clinics, medical care facilities, senior citizen centers, waiver programs, human service agencies, and the general public.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Robins' Nest Care Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/28/2017. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Robins' Nest Care Services, L.L.C. has submitted documentation appointing Robin Rappley as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the Robin Rappley, licensee designee and the administrator. Ms. Rappley submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Robin Rappley has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1- staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

Ms. Rappley acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

Ms. Rappley acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Ms. Rappley acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Ms. Rappley has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Rappley acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Ms. Rappley acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

Ms. Rappley acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Rappley indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Rappley acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Ms. Rappley has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Rappley acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Rappley acknowledges her responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Ms. Rappley acknowledges her responsibility to

maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

Ms. Rappley acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



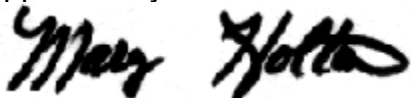
10/15/2018

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Kathryn A. Huber  
Licensing Consultant

Date

Approved By:



10/15/2018

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Mary E Holton  
Area Manager

Date