



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

October 1, 2003

Debra Robinson  
Robinham, Inc.  
803 E. Grand Blvd.  
Detroit, MI 48214

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

Dear Ms. Robinson:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (313) 456-0380.

Sincerely,

Susan Williams, Licensing Consultant  
Bureau of Family Services  
Cadillac Pl. Ste 11-350  
P.O Box 02982  
Detroit, MI 48202  
(313) 456-0427

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF FAMILY SERVICES  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820252832
<b>Applicant Name:</b>	Robinham, Inc.
<b>Applicant Address:</b>	803 E. Grand Blvd. Detroit, MI 48214
<b>Applicant Telephone #:</b>	(313) 371-9329
<b>Administrator/Licensee Designee:</b>	Debra Robinson, Designee
<b>Name of Facility:</b>	Robinham Manor's
<b>Facility Address:</b>	803 E. Grand Blvd. Detroit, MI 48214
<b>Facility Telephone #:</b>	(313) 371-9329
<b>Application Date:</b>	08/22/2001
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

08/22/2001	Enrollment
04/22/2003	Inspection Completed On-site
09/05/2003	Inspection Completed On-site
09/16/2003	Inspection Completed Full Compliance
09/22/2003	Contact – Face to Face Technical assistance on facility records.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story brick building with a full basement that is not approved for resident use. The facility is equipped with a hardwire smoke alarm system, with battery back up, which was installed by a licensed electrician and is fully operational.

The facility is located in a business / residential area in the City of Detroit that is near main bus lines.

The heat plant and hot water heater are located in the basement along with on office and storage rooms. The basement is separated from the rest of the facility by a fire door that is equipped with a self-closure.

The first floor consists of two (2) resident bedrooms, a staff bedroom, a full bathroom, living room, dining room, and kitchen.

The second floor consists of (4) four resident bedrooms, two (2) full bathrooms and a large sitting room.

All resident bedrooms are to be private rooms. They were measured during the initial on-site inspection and have of the following dimensions:

#### FIRST FLOOR

Bedroom # 2	159 square feet	1 resident bed
Bedroom # 3	96 square feet	1 resident bed

#### SECOND FLOOR

Bedroom # 4	168 square feet	1 resident bed
Bedroom # 5	115 square feet	1 resident bed
Bedroom # 6	128 square feet	1 resident bed
Bedroom # 7	178 square feet	1 resident bed

Bedrooms 4, 5 and 7 do not have closets and have been furnished with standing wardrobes. There is sufficient floor space to accommodate them.

The living room, dining room and the second floor sitting room provide living space that far exceeds the required 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policy, and standard procedures for the facility were reviewed and accepted as written. They indicate that the licensee intends to provide 24-hour personal care and protection for six (6) male and female adults whose diagnosis is mentally ill and/or developmentally disabled, in the least restrictive environment possible. The program will include improved communication skills, improved community skills, improved self-care skills, and increased socialization skills. Emphasis is placed on having residents participate in a program designed to meet their social developmental needs. Residents will be referred from several agencies with which the licensee has a contract, i.e.: Gateway, Adult Well-Being, and Care Link.

The license will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. In addition, the facility will utilize local community resources including, public schools, public library, and local parks.

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

Robinsons Inc., is a for-profit corporation formed July 13,2001. The corporation appointed Debra Robinson as licensee designee and administrator. A licensing record clearance request was completed with no lien convictions for the licensee designee/administrator. The Licensee designee / administrator has a medical clearance and current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules for that job position.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has indicated that the Michigan State Police LEIN System will be utilized as the process to identify criminal history when assessing good moral character of employees.

