



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 24, 2020

Robin Ketola
Robin's Nest Group Home, LLC
13780 CR 428
Newberry, MI 49868

RE: Application #: AM480402237
Robin's Nest Group Home LLC
13780 CR 428
Newberry, MI 49868

Dear Ms. Ketola:

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 12 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM480402237
Applicant Name:	Robin's Nest Group Home, LLC
Applicant Address:	13780 CR 428 Newberry, MI 49868
Applicant Telephone #:	906-869-7509
Administrator/Licensee Designee:	Robin Ketola, Designee
Name of Facility:	Robin's Nest Group Home LLC
Facility Address:	13780 CR 428 Newberry, MI 49868
Facility Telephone #:	(906) 293-3722
Application Date:	10/21/2019
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/04/2019	Inspection Completed On-site
10/21/2019	Enrollment
11/25/2019	Inspection Completed-Env. Health: A
12/03/2019	Inspection Completed-Fire Safety : A
12/05/2019	Contact - Document Received Received medical clearances
12/09/2019	Contact - Document Received Received training documents
01/09/2020	Contact - Document Received Received verification of furnace inspection
01/23/2020	Contact Document received I received the environmental health inspection
01/23/2020	Recommend License

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single-story home owned by Edward and Robin Ketola. The Ketolas have owned and operated this adult foster care home since 1987. They are changing their license from an individual to an LLC. License # AM480402237 will be closed upon issuance of this new license.

This is an Adult Foster Care home licensed for 12 residents who are physically handicapped, mentally ill or developmentally disabled. The home is in Upper Michigan (Luce County). The facility is handicap and wheelchair accessible and has a ramp at the front and rear of the facility. The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff.

The home is located near downtown Newberry, MI. The home is in close proximity to the community hospital, shopping centers and recreational opportunities. The home is a nine bedroom with 2 full bathrooms and a half bath. There are 2 barrier free bathing rooms in the facility that will be used for all 12 residents.

Bedroom 1 14'6"x12' or 175 sq. feet Double occupancy
Bedroom 2 12' x 9' or 108 sq. feet Single occupancy

Bedroom 3	12' x 10'	or 120 sq. feet single occupancy
Bedroom 4	12' x 9'6"	or 115 sq. feet Single occupancy
Bedroom 5	12' x 16'	or 192 sq. feet Double occupancy
Bedroom 6	12' x 16'	or 192 sq. feet Double occupancy
Bedroom 7	12' x 9'	or 108 sq. feet Single occupancy
Bedroom 8	12' x 9'	or 108 sq. feet Single occupancy
Bedroom 9	12' x 9'	or 108 sq. feet Single occupancy

The Living room/dining room is a large open area measuring 22' x 18' + 5' x 11' or 451 sq. feet.

The furnace is located in the basement fully enclosed with the appropriate fire safety requirements. The facility was inspected by the Bureau of Fire Services on 12/03/2019. The facility had the boiler inspected on 1/9/2020. The facility has been found in full compliance environmental health on 11/25/2019.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 12 male and female residents over the age of 18 who are physically handicapped, mentally ill or developmentally disabled. There will be at least 1 staff person on duty at all times.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

The Licensee Designee and Administrator is Robin Ketola. A licensing record clearance was completed with no LEIN convictions for the licensee designee and administrator, Robin Ketola. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

The applicant 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, the applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges 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, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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

The applicant acknowledges their 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, the applicant acknowledges their 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.

The applicant acknowledges their 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 related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this medium adult foster care home with a capacity of 12 residents.

Laura Mohrman

01/23/2020

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

01/24/2020

Mary E Holton
Area Manager

Date