



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2022

Kenneth Nelson
Nelson Homes Inc
2964 Lakeshore Drive
Muskegon, MI 49441

RE: License #: AM410310393
Robert Residence
3601 Minnie SW
Wyoming, MI 49519

Dear Mr. Nelson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #:	AM410310393
Licensee Name:	Nelson Homes Inc
Licensee Address:	2964 Lakeshore Drive Muskegon, MI 49441
Licensee Telephone #:	(616) 262-4705
Licensee/Licensee Designee:	Kenneth Nelson
Administrator:	Kenneth Nelson
Name of Facility:	Robert Residence
Facility Address:	3601 Minnie SW Wyoming, MI 49519
Facility Telephone #:	(616) 262-4705
Original Issuance Date:	01/04/2012
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2022

Date of Bureau of Fire Services Inspection if applicable: 12/14/2021

Date of Health Authority Inspection if applicable: 06/20/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] Role: [redacted]

- 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. The facility does not manage resident funds.
- 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. Reviewed as received.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 06/20/2022, an onsite inspection was completed at the facility. An exit conference was conducted with the licensee designee and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 12).



06/23/2022

Megan Aukerman
Licensing Consultant

Date