



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 25, 2022

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

RE: License #: AM480402237

**Robin's Nest Group Home LLC**

**13780 CR 428**

**Newberry, MI 49868** This is should be regular not bold

Dear Ms. Ketola:

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:

- An on-site inspection will be conducted.

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) 284-9700.

Sincerely,

Garrett Peters, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 250-9318



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM480402237
<b>Licensee Name:</b>	Robin's Nest Group Home, LLC
<b>Licensee Address:</b>	13780 CR 428 Newberry, MI 49868
<b>Licensee Telephone #:</b>	(906) 293-3722
<b>Licensee Designee:</b>	Robin Ketola
<b>Administrator:</b>	Robin Ketola
<b>Name of Facility:</b>	Robin's Nest Group Home LLC
<b>Facility Address:</b>	13780 CR 428 Newberry, MI 49868
<b>Facility Telephone #:</b>	(906) 293-3722
<b>Original Issuance Date:</b>	01/24/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/06/2022

Date of Bureau of Fire Services Inspection if applicable: 10/21/2021

Date of Health Authority Inspection if applicable: 03/17/2022

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 8

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.
- 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.  
n/a
- 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

This facility was found to be in non-compliance with the following rules:

**R 400.14402            Food service.**

**(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.**

**FINDING: delete** There are 2 refrigerator/freezers in the kitchen area. Both refrigerators and freezers require a thermometer to monitor temperatures. One of the refrigerators did not contain a thermometer.

**R 400.14410            Bedroom furnishings.**

**(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.**

**FINDING: delete** Although many of the resident's bedrooms did contain a mirror, several did not.

A corrective action plan was requested and approved on 07/25/2022. 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.



07/25/2022

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Garrett Peters  
Licensing Consultant

Date