



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2024

Kenneth Nelson
Nelson Homes Inc
Unit E703
2964 Lakeshore Drive
Muskegon, MI 49441

RE: License #:	AM410310393 Robert Residence 3601 Minnie SW Wyoming, MI 49519
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Dear Mr. Nelson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

**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:	Unit E703 2964 Lakeshore Drive Muskegon, MI 49441
Licensee Telephone #:	(616) 262-4705
Licensee/Licensee Designee:	Kenneth Nelson, Designee
Administrator:	Shari Nelson, Administrator
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): 06/11/2024

Date of Bureau of Fire Services Inspection if applicable: 11/07/2023, 12/28/2023

Date of Health Authority Inspection if applicable: 06/11/2024

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: Admin: S. Nelson

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered. An inspection of the resident medications and MAR was conducted.
- 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 licensee does not handle resident funds but a review of the Funds I&II documents was conducted.
- 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.
- 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 06/11/2024, an onsite inspection of the facility was conducted, an exit conference was conducted with Shari Nelson, administrator and Ms. Nelson was informed of the intent to renew this license. This facility was determined to be in compliance with rules and requirements and the license is renewed.

RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



06/17/2024

Elizabeth Elliott
Licensing Consultant

Date