



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 26, 2026

Nicole Haney
Tustin House LLC
P.O. Box 354
Tustin, MI 49688

RE: License #: AM670385274
Tustin House LLC
17544 20 Mile Rd
Tustin, MI 49688

Dear Ms. Haney:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AM670385274

Licensee Name: Tustin House LLC

Licensee Address: 17544 20 Mile Road
Tustin, MI 49688

Licensee Telephone #: (231) 429-4941

Licensee Designee: Nicole Haney, Designee

Administrator: Nicole Haney

Name of Facility: Tustin House LLC

Facility Address: 17544 20 Mile Rd
Tustin, MI 49688

Facility Telephone #: (231) 429-4941

Original Issuance Date: 09/07/2017

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/19/2026

Date of Bureau of Fire Services Inspection if applicable: 02/19/2026

Date of Health Authority Inspection if applicable: 12/09/2025

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: Licensee Designee

- 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.
- 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 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

One staff did not have a signed statement from a physician attesting to her physical health within 30 days of hire.

R 400.645 Environmental health.

(7) Poisons, caustics, and other dangerous materials must be stored and safeguarded in nonresident, non-food preparation areas, and storage areas.

Some dangerous materials (cleaning supplies) were kept under the kitchen sink and were accessible at the time of the inspection. There was a child-proof type lock on the cabinet door which was worn allowing it to open.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes the following:

(d) Health care information including all of the following:


(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.

A physician's order allowing the facility to crush medication for a resident was not available at the time of the inspection although it did exist and was provided subsequently.

A corrective action plan was requested and approved on 02/19/2026. 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

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



2/26/2026

Adam Robarge
Licensing Consultant

Date