



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 19, 2026

Tyler Faling  
Summit Residential Care LLC  
Suite 305  
131 Continental Dr  
Newark, DE 19713

RE: Application #: AS380419337  
**6720 Horton Rd**  
**Jackson, MI 49201**

Dear Mr. Tyler Faling:

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 6 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS380419337

**Licensee Name:** Summit Residential Care LLC

**Licensee Address:** Suite 305  
131 Continental Dr  
Newark, DE 19713

**Licensee Telephone #:** (517) 745-9171

**Licensee Designee:** Tyler Faling

**Administrator:** Robyn Charles Cole

**Name of Facility:** 6720 Horton Rd

**Facility Address:** 6720 Horton Rd  
Jackson, MI 49201

**Facility Telephone #:** (517) 890-9006

**Application Date:** 03/15/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODOLOGY

03/15/2025	On-Line Enrollment
03/17/2025	PSOR on Address Completed
03/17/2025	Contact - Document Sent - forms sent
05/06/2025	Contact - Document Received
05/06/2025	File Transferred To Field Office
05/08/2025	Application Incomplete Letter Sent
08/19/2025	Application Complete/On-site Needed
08/19/2025	Inspection Completed On-site
08/19/2025	Inspection Completed-BCAL Sub. Compliance
10/21/2025	Inspection Completed On-site
10/21/2025	Inspection Completed-BCAL Sub. Compliance
11/24/2025	Inspection Completed On-site - Final Inspection
12/11/2025	Contact - Document Received - Email from and to the applicant.
01/06/2026	Contact - Document Received – Email from and to applicant
02/03/2026	Contact - Document Sent- Email to applicant, follow up info requested.
02/16/2026	Contact - Document Received- Updated medical clearances, revised policies, and other documents received.
02/24/2026	Contact - Document Received- Updated medical clearance for administrator
03/13/2026	Contact - Document Received - There have been multiple emails to and from the applicant during this licensing process.
03/13/2026	Inspection Completed-BCAL Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This inspection included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearances, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

#### **A. Physical Description of Facility**

This facility is located in a country residential setting in Jackson County. This facility, which was built in 1960, is a ranch style home with a full basement. The primary entrance for residents is located at the front of the facility, facing south. This entrance is equipped with a wheelchair ramp that has handrails on both sides. The second required means of egress is accessed through a door in the dining room, which leads to a deck and a wheelchair ramp. The second required means of egress, faces north, and is also equipped with a wheelchair ramp with handrails on both sides. The facility is wheelchair accessible.

The primary entrance opens to the living room, which directly leads to the dining area and kitchen to the left. From the living room to the right, leads to the hallway and Bedroom #1 and Bedroom #2 are located on the right. On the left is Bedroom #3, the full bathroom, and Bedroom #4. There is also a full bathroom, which can be accessed from Bedroom #3 and Bedroom #4. The adjoined bathroom shall only be utilized by occupants of Bedroom #3 and Bedroom #4.

There is a half bathroom located to the left of the kitchen. There is also an entryway that leads to a sitting area. The washer and electric dryer are located in the sitting area. The dryer is vented to the outside, using permanent metal duct work. There are three doors in the sitting room, the first door leads outside to the front of the facility, the second door that leads outside to the back of the facility, and the third door leads to the garage.

The basement is accessed through a door located in the kitchen. The door leading to the heat plant is a 90-minute door; and it is equipped with an automatic self-closing device and positive latching hardware. The heating plant is located in the basement of the facility. The heating plant contains the boiler and gas water heater, which is equipped with a device that assures a constant hot water temperature. The boiler has been inspected and approved by an inspector. A copy of the approved inspection report is contained within the licensing file. The basement will not be utilized by the residents.

The electrical system was inspected on October 02, 2025, by a licensed contractor and was determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on the main level and in the basement.

The facility is equipped with a free-standing fireplace, and the applicant has indicated in writing that the heating element has been disconnected; and the fireplace will not be utilized.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. The applicant provided the most recent approved inspection report, dated October 14, 2025. Smoke detectors are located on all levels of the facility and in required areas of the home.

The facility has a public water supply and sewage disposal system. A private vendor will remove trash from the facility on a weekly basis.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	11'6" x 12'4"	142 Sq. ft.	2
Bedroom # 2	11'10" x 12'4"	146 Sq. ft.	2
Bedroom # 3	11'6" x 11'7"	133 Sq. ft.	1
Bedroom # 4	13'6" x 11'8"	157 Sq. ft.	1

The indoor living and living areas, (excluding the bedrooms) measure a total of 555 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male or female ambulatory and non-ambulatory residents who are 18 years of age or older, physically handicapped or aged. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. The applicant strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents.

According to the facility program statement, "Our philosophy is simple: exceptional care begins with exceptional people. We are dedicated to attracting and retaining the best caregivers, ensuring they have the tools, training, and support needed to perform their duties with compassion and professionalism. By investing in our staff, we create a nurturing environment that promotes the well-being and dignity of every resident.

We believe that every resident deserves personalized, compassionate care that enhances their quality of life. Our approach is holistic, addressing the physical, emotional, and social needs of our residents through tailored care plans designed to meet their unique challenges and goals.”

The applicant intends to accept individuals with private sources of payment. Residents will be referred by individuals in the community and other placing agencies.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident’s social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. The applicant plans to offer activities such as gardening, painting bird houses, game nights, crafts, and bringing in musicians. It is the intent of the applicant to utilize local community resources including residents attending the senior centers, visiting local parks, festivals, cultural and educational settings, libraries, and museums for additional entertainment and leisure activities.

### **C. Applicant and Administrator Qualifications**

The applicant is Summit Residential Care, LLC and is a for profit, Limited Liability Company, which was incorporated on November 4, 2024. A review of this L.L.C. on the State of Delaware Division of Corporations’ website demonstrates the status of this L.L.C. is in good standing and United States Corporation Agents, INC is the Resident Agent. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Tyler Faling and Brenden Robertson are the owners and members of this L.L.C., and they have stated in writing the appointment of Tyler Faling as the licensee designee, and Robyn Charles Cole as the administrator for the facility.

A criminal background check of Tyler Faling was completed, and he was determined to be of good moral character to provide licensed adult foster care. Tyler Faling submitted a statement from a physician documenting his good health and his abilities to perform the duties of the job.

Tyler Faling has adequate work experience in this field, including direct care experience serving individuals who are aged and/or physically handicapped. The applicant has

provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation. He has also been trained in First Aid and CPR. His experience satisfies the qualifications and training requirements identified in the group home administrative rules.

Robyn Charles Cole also has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. He has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance. The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult

foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month, and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. 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 AFC adult small group home with a maximum capacity of six residents.

*Mahtina Rubritius*

03/13/2026

---

Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

03/16/2026

---

Dawn N. Timm  
Area Manager

Date