

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING



June 6, 2007

Debra Robinson Robinham, Inc. PO Box 24621 Detroit, MI 48224

RE: Application #: AS500288072

Robinham III 7528 Meadow Warren, MI 48091

Dear Ms. Robinson:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5051.

Sincerely,

Michael Swajanen, Licensing Consultant Office of Children and Adult Licensing

39531 Garfield

Clinton Township, MI 48038

Michael Sugar

(586) 412-6833

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AS500288072

Applicant Name: Robinham, Inc.

Applicant Address: 803 E.Grand Blvd.

Detroit, MI 48214

Applicant Telephone #: (313) 371-9329

Administrator/Licensee Designee: Debra Robinson, Administrator

Debra Robinson, Designee

Name of Facility: Robinham III

Facility Address: 7528 Meadow

Warren, MI 48091

Facility Telephone #: (313) 475-9804

01/11/2007

Application Date:

Capacity: 6

Program Type: MENTALLY ILL

DEVELOPMENTALLY DISABLED

ALZHEIMERS

II. METHODOLOGY

01/11/2007	Enrollment
01/17/2007	File Transferred To Field Office CT
01/19/2007	Contact - Document Received Licensing file received from Central Office on 1/19/2007.
04/03/2007	Inspection Completed On-site Preliminary inspection.
04/04/2007	Inspection Completed-BFS Sub. Non-Compliance
04/04/2007	Application Incomplete Letter Sent
04/25/2007	Application Incomplete Letter Sent Documentation still to be submitted.
05/24/2007	Inspection Completed On-site
05/24/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Robinham facility is an attractively furnished and decorated a two-story structure with no basement and unattached garage located in a residential area of Warren Michigan. The first floor consists of a dinette, kitchen, living room, first floor laundry, full bathroom and one resident bedroom. The second floor consists of a full bathroom, two resident bedrooms, and storage area.

At final inspection on May 24, 21007, all violations cited at the preliminary inspection on April 30, 2007, were found to be corrected. The facility was also determined to be in full compliance with administrative rule requirements relating to physical plant, fire safety, and environmental sanitation. Also all facility and bedroom furnishings were found to be in compliance with administrative rule requirements. Although a washer and dryer had not yet been installed the administrator verified these units would be installed prior to resident placement.

The living room and dinette contain 243.81 square feet of indoor living space. The facility will provide foster care services to six ambulatory adults requiring 210 square feet of indoor living space. Compliance to the requirements of Rule 405.1 has been determined.

The first floor southwest bedroom contains 142.11 square feet and will house two adults. The second floor northwest bedroom contains 200.76 square feet and will house two adults. The second floor southwest bedroom contains 158.96 square feet and will house two adults. As indicated above the facility will provide foster care services to six ambulatory adults.

B. Program Description

Mrs. Robinson possesses extensive experience and education in the adult foster care field. She currently operates two adult foster care facilities in Detroit Michigan and both facilities are operating under the terms of a regular license. She has also been previously qualified as an administrator by the licensing consultant for the Detroit facilities. A licensing record clearance request has been processed verifying her good moral character. In addition a medical release and request for information form and negative tuberculin test results have been received verifying her physical and mental health. Documentation has also been submitted verifying the applicant will have the funding required to provide the program as stipulated. Administrative rule requirements relating to facility, employee, and resident records were also explained to Mrs. Robinson and she indicated she would assure compliance to these requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Michael Swajanen Licensing Consultant

Michael Sogian

May 24, 2007

06/06/2007

Date

Approved By:

Barbara Smalley Area Manager Date