



JENNIFER M. GRANHOLM  
GOVERNOR

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



ISMAEL AHMED  
DIRECTOR

August 3, 2009

Robert Pilon  
CBI Rehabilitation Services, Inc.  
Suite 5  
5000 Marsh Rd.  
Okemos, MI 48864

RE: Application #: AS330294925  
CBI Rehabilitation Services, Inc.  
3320 Westwood  
Lansing, MI 48906

Dear Mr. Pilon:

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 (517) 241-2585.

Sincerely,

Barbara K. Williams, Licensing Consultant  
Bureau of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 241-0978

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330294925
<b>Applicant:</b>	CBI Rehabilitation Services, Inc.
<b>Applicant Address:</b>	Suite 5 5000 Marsh Rd. Okemos, MI 48864
<b>Applicant Telephone #:</b>	(517) 349-6975
<b>Licensee Designee:</b>	Robert Pilon
<b>Administrator:</b>	Amy Heinrich
<b>Name of Facility:</b>	CBI Rehabilitation Services, Inc.
<b>Facility Address:</b>	3320 Westwood Lansing, MI 48906
<b>Facility Telephone #:</b>	(517) 886-5629
<b>Application Date:</b>	02/28/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/28/2008	Enrollment
03/03/2008	Application Incomplete Letter Sent
03/06/2008	Contact - Document Received
03/24/2008	Contact - Document Received
03/03/2009	Inspection Completed On-site
03/11/2009	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch style frame house. It is located on the north side of Lansing near the Capitol City Airport. The furnaces and hot water heaters are located on the main level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with a interconnected, hardwired smoke detection system with battery back up which was installed by a licensed electrician and is fully operational.

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

Location	Dimensions	Square Footage	Capacity
<b>(East Wing)</b>			
Northwest	10 X 9-7 & 2-4 X 4-8	106 sq. ft.	1
North	10 X 9-7 & 2-4 X 4-8	106 sq. ft.	1
Southeast	9-10 X 9-6 & 2-4 X 4-8	104 sq. ft.	1
<b>(North Wing)</b>			
Southeast	10 X 9-7 & 2-4 X 4-8	106 sq. ft.	1
Northeast	10 X 9-7 & 2-4 X 4-8	106 sq. ft.	1
Northwest	9-10 X 9-6 & 2-4 X 4-8	104 sq. ft.	1
<b>Total Capacity = 6 residents</b>			

The living, dining, and sitting room areas measure a total of 986 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care in the least restrictive environment possible to **6** male or female ambulatory adults whose diagnosis is developmental disability or traumatic brain injury. The program will include training in the areas of social behavior, self care, domestic living, communication and leisure. Staff will use a structured data-based approach in implementing individualized programs designed to meet objectives established in an individualized plan of care. Activities in the community will be provided to give the residents the opportunity for leisure skill development and to generalize skills in community settings. Day activities will be provided outside the home.

If required, behavioral intervention and crisis intervention programs will be developed and identified in the assessment plans. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency. The licensee will provide all transportation for program and medical needs.

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

The applicant is CBI Rehabilitation Services, Inc, a "Domestic Profit Corporation, which was established in Michigan on 8/30/2007. 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.

The Board of Directors of CBI Rehabilitation Services, Inc. has submitted documentation appointing Robert Pilon as Licensee Designee. Mr. Pilon submitted written documentation appointing Amy Heinrick as the administrator.

A licensing record clearance request was completed and no convictions were recorded for the licensee designee or administrator. The licensee designee and administrator submitted medical statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of at least 1 staff persons for 6 residents per shift.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their 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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home with a capacity of 6 residents.

*Barbara K. Williams*

7/31/09

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Barbara K. Williams  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

7/31/09

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Betsy Montgomery  
Area Manager

Date