



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 12, 2009

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

RE: Application #: AS230303623
Leland St. Facility
325 Leland
Lansing, MI 48917

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 4 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,

Kent Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909-8150
(517) 335-6084

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS230303623

Licensee designee Name: CBI Rehabilitation Services, Inc.

Licensee designee Address: Suite, 5
5000 Marsh Rd.
Okemos, MI 48864

Licensee designee Telephone #: (517) 359-6975

Licensee Designee: Robert Pilon

Administrator: Amy Heinrich

Name of Facility: Leland St. Facility

Facility Address: 325 Leland
Lansing, MI 48917

Facility Telephone #: (517) 349-6975

Application Date:

Capacity: 07/28/2009
4

Program Type: Traumatcally brain injured

II. METHODOLOGY

07/28/2009	Enrollment
08/03/2009	Contact - Document Received Letter requesting facility's name be changed to Leland St. Facility.
08/20/2009	Application Incomplete Letter Sent
10/06/2009	Contact - Telephone call received Technical assistance provided to Ms. Heinrich
10/12/2009	Contact - Document Received Documents received from licensee.
10/19/2009	Contact - Document Received Documents received from licensee and owner of property.
10/26/2009	Contact - Telephone call received Corporation is ready for inspection.
11/02/2009	Contact - Telephone call made Phone message to administrator, Amy Heinrich, need all documents before initial onsite can be made, as requested on the application incomplete letter that was sent 8/20/09.
11/02/2009	Contact - Telephone call received Phone message from Mr. Pilon, indicating he will send information requested.
11/04/2009	Contact - Face to Face In person with Mr. Pilon, submitted documents.
11/04/2009	Application Complete/On-site Needed
11/09/2009	Inspection Completed On-site
11/12/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in a residential neighborhood on the west side of Lansing, MI. This facility is a four bedroom ranch-style house with 2 ½ bathrooms. The room dimensions are as follows:

Location	Dimensions	Square feet	Capacity
Northwest bedroom	13.5 ft. X 13.5 ft.	182.25 sq. ft	1
Southwest bedroom	13.5 ft. X 15 ft	202 sq. ft.	1
South (middle) bedroom	13.5 ft. X 11 ft.	148.5 sq. ft.	1
Southeast bedroom	11ft. X 13.5 ft.	148.5 sq. ft.	1
Living area	23.5 ft X 15 ft.	352.5 sq. ft.	4

The furnace and hot water heater are located in the basement of the facility with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with a smoke detection system. Single station smoke detectors have been installed near sleeping areas, living room and basement near the furnace. There are fire extinguishers located on both floors of the facility.

The living room and dining room have a combined total of 491 sq. feet which is adequate to meet the needs of four residents.

This facility does not currently have any ramps for egress and will not be a wheelchair accessible facility.

B. Program Description

The licensee is offering an adult residential program to provide a long term living environment in a home like atmosphere for individuals with traumatic brain injuries.

Services being offered will include training in the areas of social behaviors, self-care, domestic living skills, communication and leisure. The licensee will use a structured data-based approach in implementing individualized programs designed to meet objectives established in an individualized plan of care for each resident. Activities in the community will be provided to give the residents the opportunity for leisure skill development and to generalize learned skills in community settings. Day activities will be provided outside of the facility.

The licensee will coordinate with medical professionals and other treating personnel in the on-going care of residents admitted into this program. Residential services will be provided to assure resident safety and security while residing at this facility. This facility will offer personal storage areas, regular and consistent meals in a common dining area, individual sleep areas, transportation and other support needed to ensure the residents experience a pleasant and supportive living environment.

The licensee designee has a master's degree in social work and has 30 years of experience working with this population of residents. The licensee designee has administered programs for the licensee for 19 years. A criminal history clearance has been completed for the licensee designee and there was no criminal record of convictions.

The administrator has a master's degree in social work and is a licensed master of social work. The administrator has more than ten years of experience working with this population.

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

The licensee has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents and projected yearly budget submitted.

The licensee designee acknowledges an understanding of the qualification requirements for the administrator, direct care staff or volunteers providing care to residents in the facility.

The licensee designee 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), L-1 Identity Solution™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee designee 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 licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care worker and volunteers working directly with residents. In addition, the licensee designee acknowledges their

responsibility to maintain a current employee record on file for the licensee designee, administrator, staff or volunteer, and the retention schedule for all of the documents contained within each employee's file. The licensee designee acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee designee acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

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

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

The licensee designee acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the facility as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee designee acknowledges their responsibility to maintain a current resident record on file in the facility for each resident and the retention schedule for all of the documents contained within each resident's file.

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

C. Rule/Statutory Violations

The licensee is in compliance with all rules and statutes.

IV. RECOMMENDATION

It is recommended that a temporary license be issued to this licensee to operate a small adult foster care facility with a capacity of four residents.



11/12/09

Kent Gieselman
Licensing Consultant

Date

Approved By:



11/12/09

Betsy Montgomery
Area Manager

Date