



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



NICK LYON
INTERIM DIRECTOR

March 6, 2015

Theodis Wilborn
FDX2 Ventures LLC/dba Rehabitat Systems
6500 N Seymour Rd
Flushing, MI 48433

RE: Application #: AM250362950
Rehabitat Systems of MI
6484 N Seymour Rd
Flushing, MI 48433

Dear Mr. Wilborn:

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 12 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 (810) 787-7031.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AM250362950

Applicant Name: FDX2 Ventures LLC/dba Rehabitat Systems

Applicant Address: 6500 N Seymour Rd
Flushing, MI 48433

Applicant Telephone #: (810) 487-3200

Administrator/Licensee Designee: Theodis Wilborn, Designee

Name of Facility: Rehabitat Systems of MI

Facility Address: 6484 N Seymour Rd
Flushing, MI 48433

Facility Telephone #: (810) 487-3200
07/02/2014

Application Date:

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/10/2014	Inspection Completed-Env. Health : A See lic AM250015945
07/02/2014	Enrollment
07/07/2014	Contact - Document Received 1326 for Damon Huffman and Med clearance
07/10/2014	Application Incomplete Letter Sent need 1326 for Theodis Wilburn
10/09/2014	Inspection Completed-Fire Safety : A See AM250015945/ Dec 2013
10/09/2014	Contact - Document Received 1326 for Theodis Wilborn
10/09/2014	Application Complete/On-site Needed
10/09/2014	File Transferred To Field Office Flint
10/15/2014	Application Incomplete Letter Sent
11/18/2014	Contact - Document Received Required paperwork was received from licensee.
01/22/2015	Inspection Completed-BCAL Full Compliance
03/06/2015	Inspection Completed-Fire Safety: A
03/06/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Rehabitat Systems of MI. is a tri-level style home located in a semi-rural area of Flushing Township, MI. The facility has a large paved parking lot that provides ample parking for visitors and staff. The living room and dining room both exit to the rear of the facility and onto a wooden deck, which has a wheelchair ramp attached. There are seven total exits from the facility and five of those exits are at grade. Each exit leads directly to a cement walkway that circles the entire facility.

The main level of the facility consists of a living room, dining room, kitchen, laundry room, sunroom, sitting area, two full bathrooms, family room, whirlpool room, large activity center and 9 resident bedrooms. The activity center is used for group activities and is where all medical therapies take place. In the dining room is an elevator, which transports residents to and from the main level and lower level.

The lower level consists of a living room, kitchen, storage room, furnace room, one full bathroom and one resident bedroom. This level has two exits that are both at grade and lead directly to the cement walkway.

The furnace and hot water heater are located in the furnace room, which has a fully stopped, solid fire door that is equipped with an automatic self-closing device and positive-latching hardware. There are multiple fire extinguishers placed throughout the facility. The smoke detectors are all hard-wired into the structures electrical system and are located in all sleeping areas, kitchens, and living areas.

The upper level of the facility consists of four staff offices and one bathroom. This level is not accessible to the residents.

The resident bedrooms, living and activity areas measured as follows:

Living Room	301 square feet	
Family Room	384 square feet	
Dining Room	260 square feet	
Activity Center	1260 square feet	
Bedroom #1	121 square feet	1 resident
Bedroom #2	143 square feet	1 resident
Bedroom #3	199 square feet	1 resident
Bedroom #4	334 square feet	2 residents
Bedroom #5	192 square feet	1 resident
Bedroom #6	192 square feet	1 resident
Bedroom #7	168 square feet	1 resident
Bedroom #8	204 square feet	1 resident
Bedroom #9	115 square feet	1 resident
Bedroom #10	264 square feet	2 residents

The facility has a public water supply, which is provided by Flushing Township. It has a private sewage disposal system. The Genesee County Health Department inspected the facility on 3/10/14 and the facility received an "A" rating. The facility received full approval from the Bureau of Fire Safety on 3/5/15.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to twelve male and/or female residents, who are 18 years or older, traumatically brained injured and physically handicapped. The program specializes in the long term care of traumatic brain and spinal cord injured individuals. Services this facility provide include meal preparation, feeding if necessary, medication management, transportation to events and appointments, group activities inside and outside of the facility, hygiene assistance, daily maintenance and range of motion therapies, laundry services and coordination with resident's health care professionals and their families. This facility has a contractual agreement with Helping Hands Inc. to provide health care assistance and nursing care on an as needed basis. Facility is wheelchair accessible.

FDX2 Ventures LLC is the applicant and has named Theodis Wilborn as the licensee designee and administrator of the facility. A criminal history background check was completed for Mr. Wilborn. He has been determined to be of good moral character. Mr. Wilborn submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this medium group home licensed for (12) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 12-bed medium group home, there is adequate supervision with a minimum of 3 direct care staff on-site for twelve (12) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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)), and the related documents required to be maintained in each employee's 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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, the required forms and signatures to be completed for each resident on an annual basis.

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 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 discharge written notice.

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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form 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.

Licensee designee and administrator, Theodis Wilborn, has been a direct care worker at an AFC home and working with residents who are traumatically brain injured and physically handicapped for the past 6 years. Prior to working in the AFC home, Mr. Wilborn had 6 years of experience being a care giver at North Oakland Residential Services. Mr. Wilborn reports that all resident files will be kept on the facility grounds.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC medium group home with a capacity of twelve (12) residents.



3/6/15

Christopher Holvey
Licensing Consultant

Date

Approved By:



3/6/15

Mary E Holton
Area Manager

Date