



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

April 29, 2003

Eric Van Acker  
Willowbrook Rehab Services Inc  
Suite P  
10299 E Grand River  
Brighton, MI 48116

RE: Application #: AS470255073  
Odyssey Home  
1911 Odyssey  
Brighton, MI 48114

Dear Mr. Van Acker:

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 recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Linda Lee, Area Manager, at (734) 665-6415.

Sincerely,

Jeff Bozsik, Licensing Consultant  
Bureau of Family Services  
2121 W. Stadium  
Ann Arbor, MI 48103  
(734) 665-4741

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF FAMILY SERVICES  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AS470255073  |
| <b>Applicant Name:</b>                  | Willowbrook Rehab Services Inc                       |
| <b>Applicant Address:</b>               | Suite P<br>10299 E Grand River<br>Brighton, MI 48116 |
| <b>Applicant Telephone #:</b>           | (810) 227-0119                                       |
| <b>Administrator/Licensee Designee:</b> | Eric Van Acker, Designee                             |
| <b>Name of Facility:</b>                | Odyssey Home   |
| <b>Facility Address:</b>                | 1911 Odyssey<br>Brighton, MI 48114                   |
| <b>Facility Telephone #:</b>            | (810) 227-0119                                       |
| <b>Application Date:</b>                | 12/18/2002   |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | TRAUMATIC BRAIN INJURED                              |

## **II. METHODOLOGY**

|            |  |
|------------|--|
| 12/18/2002 | Enrollment                               |
| 03/11/2003 | Inspection Completed-Env. Health : A     |
| 04/21/2003 | Inspection Completed On-site             |
| 04/21/2003 | Inspection Completed-BFS Full Compliance |

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

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

The facility is a 6 bedroom colonial style home. It is located off an unpaved road with a paved driveway, a living room, dining room, kitchen, recreation room in the finished basement, six bedrooms, three bathrooms, and a three car attached garage. The bedroom sizes are as follows: (1) northwest: 125 s.f.; (2) southwest: 175 s.f.; (3) central west: 125 s.f.; (4) master: 260 s.f.; (5) northeast: 147 s.f.; and (6) basement bedroom: 163 s.f.. The facility has a well and septic system. The facility is in compliance with all fire safety requirements of small (1-6) bed adult foster care facilities.

### **B. Program Description**

Willowbrook Rehabilitation Services provides rehabilitation services to post-hospitalization traumatic brain injured individuals.

### **C. Rule/Statutory Violations**

There are no violations at this time.

## **IV. RECOMMENDATION**

I recommend issuance of a temporary (6 months) license to operate an adult foster care facility for 1-6 residents.

---

Jeff Bozsik  
Licensing Consultant

---

Date 4/29/03

Approved By:

---

Linda Lee  
Area Manager

---

Date