



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 7, 2019

Bianca Wilson  
Umbrellex Behavioral Health Services, LLC  
13854 Lakeside Circle  
Sterling Heights, MI 48313

RE: Application #: AS780400203  
**Umbrellex 1**  
**1207 Devonshire CT**  
**Owosso, MI 48667**

Dear Ms. Wilson:

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 five (5) is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-8967

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS780400203

**Licensee Name:** Umbrellex Behavioral Health Services, LLC

**Licensee Address:** 13854 Lakeside Circle  
Sterling Heights, MI 48313

**Licensee Telephone #:** (586) 765-4342

**Administrator:** Damon Daniels

**Licensee Designee:** Bianca Wilson

**Name of Facility:** Umbrellex 1

**Facility Address:** 1207 Devonshire CT  
Owosso, MI 48667

**Facility Telephone #:** (586) 765-4342  
06/14/2019

**Application Date:**

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

06/14/2019	On-Line Enrollment
07/05/2019	Contact - Document Received App; IRS ltr; 1326 & 030 for Bianca; 100 for Damon (Admin)
07/17/2019	Contact - Telephone call received Answered questions about the licensing process.
07/18/2019	Application Incomplete Letter Sent
07/18/2019	Contact - Telephone call received
09/26/2019	Application Complete/On-site Needed Appointment for onsite inspection at 1pm today
09/27/2019	Inspection Completed-BCAL Sub. Compliance
09/27/2019	Contact – Document sent Special Certification application link
10/01/2019	Correction to rule violation received. Photo of installed railing at secondary egress as required.
10/01/2019	Inspection Completed-BCAL Full Compliance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Umbrellex 1 is a three-bedroom ranch style home located in the city of Owosso. The city of Owosso has approximately 15,900 residents and has many parks, community activities such as festivals, farmers market, and holiday events in the downtown area. Many shops, restaurants and a small community theater within a few miles of the home. The home is located on a small dead-end street of about eight homes. There is a cement sidewalk at the front yard, a cement driveway for parking and parking along the street in front of the home for visitors. It has an attached two car garage. Walking to the main entrance to the home, there is a gentle up sloping sidewalk that leads to a small step (less than seven inches in height) to the front porch landing. This is the primary means of entering the home and egress. There is a short distance from the main living room/dining room area to the first bedroom and the two other bedrooms are located at the end of a short hallway. All three bedrooms are for resident use. The home is open and easy to navigate. Residents will need to be able to step up one or two stairs to enter the home. The home is not wheelchair accessible and the second approved means of egress is a door off the kitchen that exits outside to a small cement porch with one stair down to the driveway. There is one full bathroom on the main floor of the home for resident use

between the bedroom area along with one half bath on the main floor by the basement door that is for employee/guest use only. The basement is a full basement that will not be for resident use. The home uses the city water and city sewage systems.

The furnace and hot water heater are run by natural gas. Both are in the home's full basement. A 1 3/4-inch solid wood core door with an automatic self-closing device and positive latching hardware is located on the main floor landing. This door creates floor separation between the main floor and the basement. The furnace and water heater were last inspected by a company called Pillar to Post on May 17, 2019 and were certified to be in good working order. The furnace and water heater appeared to be in good working order at the time of inspection.

The facility is equipped with an interconnected, hardwired smoke detection system with battery backup, which was recently installed by D and D Innovations, a licensed electrician, on 8/24/2019 and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 x 10	100	1
2	12 x 14	168	2
3	11.6 x 13	150.8	2
Living Room	14 x 21	294	NA
Dining room	8 x 14	112	NA

The indoor living and dining areas measure a total of 406 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to five male and/or female residents who are mentally ill and/or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills. There will be the opportunity for involvement in educational or day programs or employment if applicable. The home is going to provide transportation for the residents to access community and medical appointments. The applicant intends to accept referrals from Shiawassee Community Mental Health Authority.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities as well as educational activities. These resources provide an environment to enhance resident quality of life.

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

The applicant, Umbrellex Behavioral Health Services, L.L.C., is a “Domestic Limited Liability Company formed in March 12, 2018. Umbrellex Behavior Health Services (UBHS) states they are “an organization that seeks to improve the quality of life of individuals and families by serving their mental health, addictions, special education and community support needs with integrity and compassion. Stakeholders within this organization have over 6 years of experience in the mental health industry. “UBHS Philosophy of Care and Person-Centered Planning is, “UBHS is dedicated to meeting the behavioral health needs of its community, region and beyond by providing easily accessible programs. The treatment philosophy is rooted in a person-centered planning model that provides individualized support through evidence-based practices. We are dedicated to approach crisis, trauma and developmental disabilities with life planning services that incorporate an individual’s personal communication mechanisms and assist them to outline their needs, wishes and goals. Our framework and methods include the following person-centered planning process:

1. We focus on an individual’s life goals, interests, desires, choices, strengths and abilities as the foundation of the person-centered planning process.
2. We identify outcomes based on the individual’s life goals, interests, strengths, abilities and desired choices.
3. We establish plans for the individual to achieve identified outcomes.
4. We determine the services and supports that the individual needs to work toward or achieve outcomes including, but not limited to, services and supports available through the Community Mental Health System.
5. After the person-centered planning process, UBHS utilizes a collaborative approach with clinical mental health entities to ensure that an individual’s person-centered planning goals are addressed. “

Umbrellex Behavior Health Services, L.L.C. 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 members of Umbrellex Behavioral Health Services, L.L.C. have submitted documentation appointing Bianca Wilson as licensee designee for this facility and Damon Daniels as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed, and they were determined to be eligible and of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Umbrellex Behavioral Health Services, L.L.C. has been in business as home help contractual services for residents receiving mental health living supports for six years. The licensee designee Bianca Wilson has a master's degree in Social Work with a concentration in Cognitive Behavior Therapy, Licensed Clinical Social Worker, and Certified Trauma Practitioner-Clinical. Ms. Wilson also has completed mental health certified required training for Adult Foster Care group homes. Ms. Wilson has experience working with behaviors, crisis intervention, emotional support, patient care planning and assessment for adults since 2014. The Administrator Damon Daniels has a master's degree in Counseling and Education and a Limited Licensed Professional Counselor. Mr. Daniels also has completed the required mental health certified training for application in Adult Foster Care homes. Mr. Daniels has worked with variable age populations of children through adults since 2001. Mr. Daniels has worked as a life coach for children, teens, adults, families since 2014. Mr. Daniels most recent work experience is as a clinical counselor with Easter Seals providing in home based clinical care since 2017.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff for 5 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

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

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 5 (five) residents.




10/1/2019

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Candace Pilarski  
Licensing Consultant

Date

Approved By:



10/07/2019

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Dawn N. Timm  
Area Manager

Date