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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 20, 2020

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

RE: Application #: AS780404958
Umbrellex 2
805 E King St
Owosso, MI 48867

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 four (4) is issued. Effective today, 8/21/2020 a temporary special certification for MI and DD populations has also been 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 (517) 284-9730.

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 #:	AS780404958
Licensee Name:	Umbrellex Behavioral Health Services, LLC
Licensee Address:	13854 Lakeside Circle Sterling Heights, MI 48313
Licensee Telephone #:	(586) 765-4342
Licensee Designee:	Bianca Wilson, Designee
Administrator	Damon Daniels
Name of Facility:	Umbrellex 2
Facility Address:	805 E King St Owosso, MI 48867
Facility Telephone #:	(586) 765-4342
Application Date:	07/04/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/04/2020	On-Line Enrollment
07/13/2020	Contact - Document Received App; 1326 for Bianca; AFC 100 for Damon
07/20/2020	Contact - Document Received IRS letter
08/12/2020	Application Complete/On-site Needed
08/14/2020	Inspection completed-Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Umbrellex 2 is a four-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. Owosso also has many shops, restaurants, and a small community theater within a few miles of the home. The home is located on a city street that is north of town and has an east to west orientation. There is a cement sidewalk at the front yard, a cement driveway for parking and another dirt drive on the opposite side of the yard for parking. There is also parking along the street in front of the home for visitors. It has a detached two car garage. Walking to the main entrance to the home, there is a walkway that leads to a small step (less than seven inches in height) to the front door. This is the primary means of entering the home and egress. There is a short distance from the main living room area to hallway that contains three resident bedrooms. All three bedrooms are for resident use. There is another large bedroom area off the kitchen designated with a potential multipurpose use. The licensee intends the space to be used either as a fourth resident bedroom or as an activity room for residents. Off of the back-bedroom area is a small storage room that leads directly outdoors to a wooden deck providing the second means of egress. The kitchen has an eating area for resident meals. The home is not wheelchair accessible. The backyard has three complete sides of six-foot privacy fencing. There is one full bathroom on the main floor of the home for resident use between the bedrooms. The home is built on a cement slab so there is no basement. 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 main floor hallway. A 1 3/4-inch solid wood core door with an automatic self-closing device and positive latching hardware is located at the door of the room that houses the furnace and water heater. The furnace is new and both the furnace and water heater were inspected 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 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.03 x 11.11	133.65	1 or 2
2	10.7 x 9.1	97.37	1
3	10.6 x 12.04	127.62	1
4 or activity room	17.09 x 8.02	137.06	0, 1
Living Room	16.04 x 14	224	

The indoor living area measures a total of 224 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 4 residents. Bedroom #1 will always be used for a resident up to two maximum. Bedroom #4 depending on its designated use will make up the difference of 1 resident or none. It is the licensee's responsibility not to exceed the facility's licensed capacity of four total residents.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to four 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 Responsible Person Qualifications

The applicant, Umbrellex Behavioral Health Services, L.L.C., is a "Domestic Limited Liability Company formed on March 12, 2018. Umbrellex Behavior Health Services (UBHS) states it is "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 six 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 seven

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 4-bed facility is adequate and includes a minimum of 1 staff for 4 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) 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 acknowledged 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

C. 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and a six-month temporary special certification license to this adult foster care small group home with a capacity of 4 (four) residents

Candace L. Pilarski

Candace Pilarski
Licensing Consultant

8/18/2020

Date

Approved By:

Dawn Timm

08/20/2020

Dawn N. Timm
Area Manager

Date