



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 3, 2021

Angela Joquico  
Resilire Neurorehabilitation, LLC  
Suite 2  
16880 Middlebelt Road  
Livonia, MI 48154

RE: Application #: AM500407478  
**Middle Branch Residential Center**  
**45500 Romeo Plank Rd.**  
**Macomb Twp., MI 48044**

Dear Ms. Angela Joquico:

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 9 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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM500407478
<b>Applicant Name:</b>	Resilire Neurorehabilitation, LLC
<b>Applicant Address:</b>	7200 Challis Rd. Brighton, MI 48116
<b>Applicant Telephone #:</b>	(810) 227-0119
<b>Administrator/Licensee Designee:</b>	Angela Joquico
<b>Name of Facility:</b>	Middle Branch Residential Center
<b>Facility Address:</b>	45500 Romeo Plank Rd. Macomb Twp., MI 48044
<b>Facility Telephone #:</b>	(586) 846-3747
<b>Application Date:</b>	03/01/2021
<b>Capacity:</b>	9
<b>Program Type:</b>	TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

12/17/2020	Application Incomplete Letter Sent
03/01/2021	Enrollment Online enrollment
03/01/2021	Contact - Document Received App; IRS ltr; 1326 for Angie (LD); AFC100 for Geoff (Admin)
03/09/2021	Contact - Document Sent Fire Safety String
03/23/2021	Contact - Document Received Licensing file received from Central office
04/26/2021	Application Complete/On-site Needed
05/18/2021	Inspection Completed On-site
05/18/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Middle Branch Residential Center is located at 45500 Romeo Plank Road in Macomb Township. The center is a new construction single story structure that is wheelchair accessible. The center consists of a dining room, kitchen, and multiple sitting/lounge areas overlooking wetlands on the property. There are a total of nine individual bedrooms with three full bathrooms located near the bedrooms. There is an attached garage with a protected landing area for residents.

The furnace and hot water heater are located on the first floor a with solid core door which has a two-hour-fire-resistance rating equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. There is also a fire suppression sprinkler system installed and fire extinguishers placed throughout the home that was inspected and approved by the Bureau of Fire Services on 3/1/2021. There is an on-demand generator in case of emergencies. Also, there are nurse pull chords and push buttons installed in each bedroom, bathroom, and kitchen area.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.2 x 13.6	164	1
2	12.6 x 13	163	1
3	12.6 x 12	150	1
4	12.6 x 13	163	1
5	13.1 x 12.6	164	1
6	12.2 x 13.5	163	1
7	12.2 x 13.4	162	1
8	12.11 x 13.1	169	1
9	12.7 x 13.1	164	1

**Total capacity: 9**

The living, dining, and sitting room areas measure a total of 1,189 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate nine (9) residents per the AFC the rule requirement R400.14405 (1) and R400.14409 (2)(3). It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Middle Branch Residential Center is designed to provide a residential program for individuals who require 24-hour supervision, protection and personal care. The center can accept up to nine (9) adults both male and female with varying functional levels who have experienced life altering changes, primarily traumatic brain injuries and spinal cord injuries. The center is structured to create the least restrictive environment possible and to promote independence in daily living skills. The program services provided include assistance and skills training in basic and advanced activities of daily living. Group and individual leisure activities and community integrations. Transportation and assistance as needed with community activities, services, and therapeutic programs. The services will be provided by trained professionals who are capable of meeting the physical, emotional, intellectual, and social needs of each resident. The rehabilitation team will develop and implement a treatment plan, which will be individual to each resident's needs and goals.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

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

The applicant is Resilire Neurorehabilitation, LLC, which is a “For Profit Corporation” and was established in Michigan on 4/24/2020. The applicant 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 Board of Directors of Resilire Neurorehabilitation, LLC, has submitted documentation appointing Angela Joquico as Licensee Designee for this facility. Ms. Joquico has been appointed as the licensee designee at numerous licensed AFC homes in Macomb, Oakland, Saginaw and Wayne Counties. Ms. Joquico has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee, Angela Joquico, has a High School diploma from John F. Kennedy High School in Taylor, MI. She has over 20 years of experience as a director, coordinating and providing services to individuals with disabilities, including traumatically brain injured. She also has over a year of experience as a direct in-home caregiver for the traumatically brain injured population.

The Board of Directors of Resilire Neurorehabilitation, LLC, has submitted documentation appointing Geoffrey Rantala as Administrator for this facility. Mr. Rantala has been appointed as the administrator at numerous licensed AFC homes in Macomb, Oakland, Saginaw, and Wayne Counties. Mr. Rantala has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The administrator, Geoffrey Rantala, has a Bachelor of Science Degree from Hillsdale College. He has over 30 years of experience as a director, coordinating and providing services to individuals with disabilities, including traumatically brain injured. He also has over a year of experience as a direct in-home caregiver for the traumatically brain injured population.

The staffing pattern for the original license of this 9-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift. All staff shall be awake during sleeping hours.

Angela Joquico, the licensee designee 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 volunteer and the retention schedule for all of the documents contained within each employee’s file.

Licensing record clearance requests were completed for Ms. Joquico. Ms. Joquico submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Joquico 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.

Ms. Joquico acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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.

Ms. Joquico acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Joquico 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, Ms. Byrd acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Joquico 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.

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

Ms. Joquico acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Joquico acknowledged that a separate Resident Funds Part II BCAL-2319 form will be

completed 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 residents' personal money transactions that have been agreed to be managed by Resilire Neurorehabilitation, LLC,.

Ms. Joquico 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Joquico 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.

Ms. Joquico 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**

The facility has been determined to be in full compliance with the applicable administrative rules and the licensing statute based upon the onsite inspections conducted and the licensee's intent to comply with all administrative rules for a medium group home (12 or less) as well as the licensing act, Public Act 218 of 1979, as amended.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



05/20/21

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Eric Johnson  
Licensing Consultant

Date

Approved By:



06/03/2021

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Denise Y. Nunn  
Area Manager

Date