



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

June 9, 2021

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

RE: Application #: AS820407475
Cottage Residential Center
175 East Huron River Dr.
Belleville, MI 48111

Dear Ms. 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 6 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820407475
Applicant Name:	Resilire Neurorehabilitation, LLC
Applicant Address:	16880 Middlebelt Rd. Livonia, MI 48154
Applicant Telephone #:	(810) 227-0119
Administrator/Licensee Designee:	Angela Joquico, Designee
Name of Facility:	Cottage Residential Center
Facility Address:	175 East Huron River Dr. Belleville, MI 48111
Facility Telephone #:	(734) 699-0754
Application Date:	03/01/2021
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/01/2021	Enrollment Online enrollment
03/01/2021	Contact - Document Received App; IRS ltr; 1326 for Angie (LD); AFC100 for Geoff (Admin)
04/30/2021	Application Complete/On-site Needed
04/30/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Cottage Residential Center is in a residential area in Belleville. The home is a single-story structure. The home consists of five bedrooms, 3 full bathrooms, a laundry room, 2 storage rooms, a living room, dining room, office, and a kitchen.

The furnace is located on the roof. A 1-hour-fire-resistance rating. The hot water heater is electric and is in a closet in the laundry room. The facility is equipped with interconnected, hardwire 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	20 X 10	200	2
2	12 X 12	144	1
3	14 X 10	140	1
4	9 X 14	126	1
5	10 X 14	140	1

The living room measure a total of 304 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility can accommodate wheelchairs.

A. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)**

male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from:

- Auto No-Fault
- Most private insurances
- Private pay
- Workers Compensation
- Veterans

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.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Resilire Neurorehabilitation, LLC, which is a "Limited Liability Company" established in Michigan, on 04/24/2020. 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.

Resilire Neurorehabilitation, LLC members have submitted documentation appointing Angela Joquico as Licensee Designee/Administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee/administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Resilire Neurorehabilitation, LLC utilize a minimum of 1:6 in a small AFC facility (10 patients) or 1:12 in a large AFC facility (>10 patients). However, based upon the needs of the residents residing in the Cottage Home the licensee designee acknowledges an understanding that sufficient direct care staff shall be on duty at all times for the

supervision, personal care, protection and evacuation of the residents. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, “direct access” to residents or 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 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.

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 and accident involving a 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 their responsibility to obtain all of the required 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. In addition, 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 their 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 applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

II. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



Licensing Consultant

06/08/2021

Date



06/09/2021

Ardra Hunter
Area Manager

Date