



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 1, 2021

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

RE: Application #: AS500407480
**Moravian West Community Residential
38295 East Horseshoe Dr.
Clinton Twp., MI 48038**

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 514-9391

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500407480
Applicant Name:	Resilire Neurorehabilitation, LLC
Applicant Address:	7200 Challis Rd. Brighton, MI 48116
Applicant Telephone #:	(810) 227-0119
Licensee Designee:	Angela Joquico
Administrator:	Geoffrey Rantala
Name of Facility:	Moravian West Community Residential
Facility Address:	38295 East Horseshoe Dr. Clinton Twp., MI 48038
Facility Telephone #:	(586) 307-8140
Application Date:	03/01/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED 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)
03/23/2021	Contact - Document Received Licensing file received from Central office
06/04/2021	Application Incomplete Letter Sent Sent via email
06/16/2021	Contact - Document Sent Email outlining documents still needed and requested phone call follow-up
06/30/2021	Application Complete/On-site Needed
07/01/2021	Inspection Completed On-site
07/01/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in the city of Clinton Township, MI. The home has six resident bedrooms, three resident bathrooms, one kitchen and one laundry room located on the main floor. The main floor also includes an enclosed room with one furnace and one hot water heater. The basement consists of one large open room with one furnace and one hot water heater. Upon entering the front entry way, the resident bedrooms are to the left. To the right are the living room, dining room, kitchen and laundry room areas. The home is wheelchair accessible and has two approved means of egress. The front door entry is equipped with ground level egress and the backdoor egress door is equipped with a wheelchair accessible ramp. The home utilizes a public water supply and sewage disposal system.

There is one furnace and one hot water heater located on the main floor of the facility. There is one furnace and one hot water heater located in the basement of the facility. The water heaters and furnaces located on both the main floor and in the basement utilizes natural gas. The furnace and hot water heaters located on the main floor are in an enclosed room that is constructed of material which has a 1-hour fire-resistance rating and the door is made of 1¾-inch solid core wood with an automatic self-closing device and positive-latching hardware. The furnace and hot water heater located in the basement are equipped with a 1¾-inch solid core door with an automatic self-closing

device and positive latching hardware at the top of the stairs that separate the main floor from the basement.

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 have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' x 13' 6	182	1
2	12' 8" x 15	180	1
3	12' x 11'	132	1
4	16' x 10'	160	1
5	11' x 13'	143	1
6	13' 8" x 10'	130	1

Total capacity: 6

The indoor living and dining areas measure a total of 927 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 **six (6)** 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 6 (male and/or female) residents who are physically handicapped or traumatically brain-injured. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills as well as opportunities for involvement in educational, day programs, employment and transportation. The applicant intends to accept referrals from Macomb County DHS, Macomb CMH, Veterans Administration or residents with private sources for payment.

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 including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is Resilire Neurorehabilitation, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 04/23/2020. 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 members of Resilire Neurorehabilitation, L.L.C. have submitted documentation appointing Angie Joquico as licensee designee for this facility and Geoffrey Rantala as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed, and they were determined to be 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 licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Joquico began working as a direct care worker in July 1999 and provided hands-on direct care to the adult foster care population for approximately four years before moving into managerial positions. Over the past 21 years, Ms. Joquico has work in the field of adult foster care as both a manager and licensee designee for various adult foster care facilities through the State of Michigan. Ms. Joquico has submitted training documents to confirm her knowledge and competency in adult foster care and the needs of the physically handicapped and TBI populations, CPR, first aid, fire safety, nutrition, resident rights, communicable diseases, and financial and administrative management. Mr. Rantala began working in the adult foster care field in 1988 as a direct care worker, providing supervision, personal care and protection to adult foster care residents. Over the last twelve years, Mr. Rantala has worked in various positions within the adult foster care field, providing both direct care to residents and administrative duties. Mr. Rantala currently is the Director of Residential Services for Resilire Neurorehabilitation, L.L.C. Mr. Rantala has submitted training documents to confirm his knowledge and competency in adult foster care and the needs of the physically handicapped and TBI populations, CPR, first aid, fire safety, nutrition, resident rights, communicable diseases and financial and administrative management.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Resilire Neurorehabilitation, L.L.C. acknowledged that the staff to resident ratio may need to be decreased 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.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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) and the related documents required to demonstrate compliance.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Resilire Neurorehabilitation, L.L.C. 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 Resilire Neurorehabilitation, L.L.C.

Resilire Neurorehabilitation, L.L.C. 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. Resilire Neurorehabilitation, L.L.C. indicated the intent to respect and safeguard these resident rights.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



7/1/2021

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



07/01/2021

Denise Y. Nunn
Area Manager

Date