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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 #: AS630407467
Beverly Hills Residential Center
20805 14 Mile Road
Beverly Hills, MI 48025

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 "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630407467
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:	Beverly Hills Residential Center
Facility Address:	20805 14 Mile Road Beverly Hills, MI 48025
Facility Telephone #:	(248) 645-6225
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 IRS letter; 1326 for Angie (LD); AFC100 - Geoff (Admin)
03/23/2021	Contact - Document Received Licensing file received from Central office
04/26/2021	Comment Corporate file complete in SharePoint - all documents received.
04/26/2021	Application Complete/On-site Needed
05/26/2021	Inspection Completed On-site
05/26/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Beverly Hills Residential Center is located at 20805 W 14 Mile Road in Beverly Hills, MI. The home is owned by St. Real Estate Holdings LLC and the authorized agent is Joseph Richert. Proof of ownership and permission to inspect/occupy is contained in the facility file.

Beverly Hills Residential Center is a ranch styled brick structured home that does not contain a basement. The home consists of a living room, dining room, kitchen, sunroom, office, laundry room, six bedrooms, two full bathrooms with walk in showers, one half bath, and a two-car attached garage. The home is wheelchair accessible and does not contain any stairs at either means of egress. There is a cemented patio at the back of the home.

The home is heated by two natural gas forced air furnaces, one located just outside the laundry room and the other located near the dining room along with the hot water heater. Both furnaces and hot water heater are contained in rooms that are equipped with an approved fire rated door and contain an automatic self-closing device with positive-latching hardware. The home is equipped with 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	11'6" x 17'6"	201	1
2	10' x 10'	100	1
3	11' x 11'4"	124	1
4	11' x 13'	132	1
5	11' x 13'	132	1
6	11' x 13'	132	1

Total capacity: 6

The indoor living, dining, and sunroom areas measure a total of 568 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. 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 and female ambulatory and non-ambulatory adults whose diagnosis is traumatic brain injury and physically handicapped 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 insurers and private pay.

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 Domestic Limited Liability company established in Michigan, on 04/24/20. 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 and Geoffrey Rantala as Administrator of the facility.

A criminal history background check of Angela Joquico and Geoffrey Rantala was completed, and they were determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Joquico currently serves as the licensee designee at numerous licensed adult foster care homes in Oakland, Macomb, Saginaw, and Wayne counties. Ms. Joquico has a high school diploma and has over 20 years of experience as a director, coordinating and providing services to individuals with disabilities, including the traumatically brain injured. Mr. Rantala currently serves as the administrator at numerous licensed adult foster care homes in Oakland, Macomb, Saginaw, and Wayne counties. Mr. Rantala has a Bachelor of Science Degree from Hillsdale College and has over 30 years of experience as a director coordinating and providing services to individuals with disabilities, including the traumatically brain injured.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. This may change based on the needs of the residents. All staff shall be awake during sleeping hours.

Ms. Joquico 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.

Ms. Joquico 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. Ms. Joquico 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to demonstrate compliance.

Ms. Joquico 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, Ms. Joquico 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 acknowledges the 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, Ms. Joquico acknowledges the 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.

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 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. Ms. Joquico 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.

Ms. Joquico acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Joquico acknowledges the 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, Ms. Joquico acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

Ms. Joquico acknowledges 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.

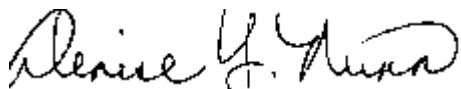


06/30/2021

Cindy Berry
Licensing Consultant

Date

Approved By:



07/01/2021

Denise Y. Nunn
Area Manager

Date