

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 28, 2021

Eric Van Acker and Angela Jocquico Resilire Neurorehabilitation, LLC Suite 2 16880 Middlebelt Road Livonia, MI 48154

RE: Application #: AS470407553 Odyssey Home 1911 Odyssey Brighton, MI 48114

Dear Mr. Van Acker and Ms. Jocquico:

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 (517) 284-9730.

Sincerely,

Julie Ellers

Julie Elkins, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS470407553	
Applicant Name:	Resilire Neurorehabilitation, LLC	
Applicant Address:	7200 Challis Rd. Brighton, MI 48116	
Applicant Telephone #:	(810) 227-0119	
Licensee Designee:	Eric Van Acker and Angela Jocquico	
Administrator:	Eric Van Acker	
Name of Facility:	Odyssey Home	
Facility Address:	1911 Odyssey Brighton, MI 48114	
Facility Telephone #:	(810) 225-8632	
Application Date:	03/04/2021	
Capacity:	6	
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED	

II. METHODOLOGY

03/04/2021	Enrollment Online enrollment.
03/04/2021	Application Incomplete Letter Sent IRS ltr; 1326, RI-030 & FPs for Eric (LD); AFC100 for Admin
03/15/2021	Contact - Document Received IRS ltr; 1326, RI-030, AFC100, med cl & TB for Eric. (LD & Admin)
03/31/2021	Inspection Report Requested - Health Inv. #1031380
04/09/2021	Application Incomplete Letter Sent.
04/12/2021	Contact - Document Received.
04/15/2021	Inspection Completed On-site.
04/15/2021	Inspection Completed-BCAL Sub. Compliance.
04/19/2021	Inspection Completed-Env. Health: A.
04/26/2021	Inspection Completed-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Odyssey Home is an adult foster care home located in Brighton, Michigan which is a suburb of Metro Detroit, in the southeast portion of Livingston County. Odyssey Home is about two miles north of I-96. The city of Brighton offers a variety of places to shop, eat, there are parks, movie theaters, banks, a post office, a library, and a variety of Odyssey Home is a large, six-bedroom ranch style home on a five-acre doctor offices. lot with a finished walk-out basement. The home has a living room, dining room, kitchen, laundry room and a large recreation room in the walkout, finished basement which is available for resident use. The recreation room in the basement contains exercise equipment, a pool table, and another table to play cards or put together puzzles. The basement egress has two separate sliding glass doors which both exit at grade to a large patio/deck. Additionally, the one resident bedroom located in the basement has a window for egress that exits directly to the outside. The house contains two full bathrooms upstairs, one half bathroom upstairs and one full bathroom in the basement. The remaining five resident bedrooms are located on the main level of the home. The home has an attached three-car garage.

The front of the facility has a large circular driveway with ample parking for staff, visitors, and guests. The facility has two inoperable fireplaces, one in the basement and one on the main floor, that co-licensee Eric Van Acker and Angela Jocquico agreed not to use. The physical plant contains a winding staircase leading from the main level of the home to the lower basement level with an approved resident bedroom. The staircase contains three stairs that do not turn at landing but turn along with the winding direction of the stairs and are not uniform and consistent in size and direction. The licensee is responsible for assessing each resident at admission to ensure protection and safety related to their ability to navigate the winding staircase during regular use and in the case of emergency. The winding staircase is also equipped with a handrail that expands the entire length of the staircase to reinforce a safe passageway between the two levels. The licensee agrees to not admit residents to the lower-level bedroom if they have impaired mobility. Any resident that requires regular use of a wheelchair, walker, cane, other device, or any other additional assistance from staff to ambulate and safely evacuate the home in the case of emergency cannot use the basement bedroom. Any modifications to the winding staircase or failure of the licensee to continue with the aforementioned safety conditions, will result in further evaluation of the safety of the winding staircase and may require physical plant renovation.

The facility's heating plant, including the gas-forced furnace and water heater, is located in the basement, enclosed in a room equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were inspected and approved on 05/26/2020 by a professional heating and cooling company. The facility is equipped with a central air conditioning system. The facility is equipped with a backup generator that runs the entire facility if power goes out.

The facility is wheelchair accessible and has two wheelchair ramps. One of the wheelchair ramps is located off the back door and exits into the garage and the second wheelchair ramp is located off the back of the house onto the deck exiting into the backyard. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility is equipped with interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is in compliance with all fire safety requirements of small six bed adult foster care facilities.

The facility utilizes private water supply and sewage disposal system which was inspected by the health department and found to be in full compliance with all applicable rules on 04/19/2021.

All the bedrooms are spacious and include ample closet space. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
		V	Deus
1	12'8" X 10'2"	128.78	1
2	12'6" X 14'2"	177.08	1
3	12'6" X 9'10"	122.92	1
4	16'5" X 15' 10"	259.93	1
5	12'6" X 14'2"	177.08	1
6	15'8" X 13'2"	206.28	1
In basement			
Laundry room	7" X 8"6"	59.5	0
Kitchen	19" X 13"	247	0
Great Room	30'7"X 14'4"	438.36	0
Living Room	20" X 13"	260	0
Staff Office	9" X 11'5"	102.75	0
Recreation Room	43" X26'6"	1,139.5	0
in basement			

The indoor living and dining areas measures over 4,000 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents.

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 or female ambulatory or non-ambulatory adults who have traumatic brain injuries and/or are physically handicap. The applicant is also able to accommodate those who require the regular use of a wheelchair, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The program will include opportunities to socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept residents with private sources for payment.

The facility will continually assess the individual and make changes as necessary to meet the resident needs 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. The licensee will ensure transportation is available 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 libraries, local museums, shopping centers, local parks, recreational activities and planned resident outings as a source of entertainment. Additionally, the facility offers

supplemental support services such as occupation therapy, physical therapy, behavioral therapy, speech therapy, recreational therapy, vocational services, social work services and psychiatry.

C. Applicant and Administrator Qualifications:

The applicant is Resilire Neurorehabilitation, LLC, a "For Profit Corporation", established in Michigan on April 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 has submitted documentation appointing co-licensee designees Mr. Eric Van Acker and Ms. Angela Jocquico as licensee designees and Mr. Eric Van Acker as administrator for this facility. Criminal history background checks of the applicants and administrator were completed, and they were both determined to be of good moral character to provide licensed adult foster care. Mr. Eric Van Acker and Ms. Angela Jocquico both submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The co-licensee designee/administrator, Mr. Eric Van Acker has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Eric Van Acker started his career working at another licensed facility in 1988 and has been a licensee designee/administrator with that same corporation since 1990 where he provided care to residents with traumatic brain injuries and/or those diagnosed with a physical handicap.

The co-licensee designee Angela Jocquico has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Jocquico started her career working at another licensed facility in 1999 and has been a licensee designee/administrator with that same corporation since 2013 where she provided care to residents with traumatic brain injuries and/or those diagnosed with a physical handicap.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged the staffing pattern may need to change 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 indicated direct care staff will be awake during sleeping hours. Mr. Van Acker and Ms. Jocquico 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.

Mr. Van Acker and Ms. Jocquico 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.

Mr. Van Acker and Ms. Jocquico 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 licensee designees Mr. Van Acker and Ms. Jocquico will administer medication to residents. In addition, Mr. Eric Van Acker has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Mr. Van Acker and Ms. Jocquico 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, Mr. Van Acker and Ms. Jocquico acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Mr. Van Acker and Ms. Jocquico 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.

Mr. Van Acker and Ms. Jocquico 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. Mr. Eric Van Acker an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Van Acker and Ms. Jocquico 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Mr. Van Acker and Ms. Jocquico an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Mr. Van Acker and Ms. Jocquico indicated the intent to respect and safeguard these resident rights.

Mr. Van Acker and Ms. Jocquico 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.

Mr. Van Acker and Ms. Jocquico 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. Mr. Eric Van Acker acknowledged that residents with mobility impairments will 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 small group home with a capacity of six residents.

July Ellers

04/27/2021

Julie Elkins Licensing Consultant

Date

Approved By:

aun Simm

04/28/2021

Dawn N. Timm Area Manager Date