



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 10, 2021

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

RE: Application #: AS470407556  
**Silver Lake Home**  
**10024 Marshall**  
**South Lyon, MI 48178**

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,

A handwritten signature in cursive script that reads "Julie Elkins".

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**

<b>License #:</b>	AS470407556
<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>Licensee Designee:</b>	Eric Van Acker and Angela Jocquico
<b>Administrator:</b>	Eric Van Acker
<b>Name of Facility:</b>	Silver Lake Home
<b>Facility Address:</b>	10024 Marshall South Lyon, MI 48178
<b>Facility Telephone #:</b>	(248) 486-6645
<b>Application Date:</b>	03/04/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	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. #1031382
03/31/2021	File Transferred To Field Office Lansing.
04/09/2021	Application Incomplete Letter Sent
04/20/2021	Inspection Completed-Env. Health : A
05/06/2021	Application Complete/On-site Needed
05/06/2021	Inspection Completed On-site
05/06/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Silver Lake Home is an adult foster care home located in South Lyon, Michigan which is a suburb of Metro Detroit located in the east portion of Livingston County in Green Oak Township. Silver Lake Home is about four miles north of highway US-23. The city of South Lyon offers a variety of places to shop, eat, and bank along with a post office, a library, parks, and multiple doctor offices. Silver Lake Home is a large, six-bedroom ranch style home which was built in 1995 and sits on a 2-acre lot. The home has a great room, kitchen, eating area, laundry room, sitting area, three full bathrooms and six private resident bedrooms on the main level of the home. The home has a large deck off the great room for residents to enjoy the outdoors. The home has an attached two-car garage. The facility does have a basement, but it is not for resident use. The front of the facility has a large driveway with ample parking for staff, visitors, and guests.

The facility's heating plant, including the gas-forced furnace and water heater, is located in the basement. Floor separation has been obtained by a 1-3/4-inch solid wood core door with positive latching hardware at the bottom of the stairs. The basement door remains locked as the residents do not access the basement. The basement is only used for storage. The facility is equipped with a central air conditioning system and with a backup generator that runs the entire facility if power goes out.

The facility is wheelchair accessible and has three wheelchair ramps. The first wheelchair ramp exits out the front door on to the driveway. The second wheelchair ramp is located off the side door of the house and exits into the garage. The third wheelchair ramp is located off the back of the house which contains a deck and a wheelchair ramp that exits off the side of the house by the front yard. The required exit doors are equipped with positive latching non-locking against egress door 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 for small group adult foster care facilities.

The facility utilizes a 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 04/20/2021.

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
1	11'6" X 18'2"	280.92	1
2	11'3" X 13'3"	149.06	1
3	12' X 10'	120	1
4	10'3" X 13'3"	135.81	1
5	10'2" X 13'3"	134.71	1
6	13' X 9'	117	1
Kitchen	10'10" X 13'3"	132.71	0
Dining Room	14'10" X 13'2"	195.31	
Family Room	17'2" X 29'6"	506.42	0

The indoor living and dining areas measures over 2,900 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 been diagnosed with a traumatic brain injury 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. Rule/Statutory Violations**

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 diagnosed with traumatic brain injury 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 diagnosed with traumatic brain injury 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](http://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 adult small group home with a capacity of six residents.

*Julie Elkins*

05/07/2021

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Julie Elkins  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

05/10/2021

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Dawn N. Timm  
Area Manager

Date