



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 12, 2022

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

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

Dear Ms. Joquico:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may 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

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

I. IDENTIFYING INFORMATION

License #:	AS820407475
Licensee Name:	Resilire Neurorehabilitation, LLC
Licensee Address:	7200 Challis Rd. Brighton, MI 48116
Licensee Telephone #:	(734) 838-6021
Licensee/Licensee Designee:	Angela Joquico, Designee
Administrator:	Angela Joquico
Name of Facility:	Cottage Residential Center
Facility Address:	175 East Huron River Dr. Belleville, MI 48111
Facility Telephone #:	(734) 699-0754
Original Issuance Date:	06/09/2021
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of Virtual-site Inspection(s): 12/16/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
 No. of residents interviewed and/or observed 0
 No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
Virtual inspection
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
Virtual inspection
- Incident report follow-up? Yes No If no, explain.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2- years regular adult foster care license.



Edith Richardson
Licensing Consultant

01/12/2022
Date