

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 12, 2022

Tamara Hannah Univ. Rehabilitation Alliance Inc 3181 Sandhill Road Mason, MI 48854

RE: License #: AS330379000

Origami Rehabilitation 3181 Sandhill Road Mason, MI 48854

Dear Mrs. Hannah:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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,

Rodney Gill, Licensing Consultant

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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 ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AS330379000

Licensee Name: Univ. Rehabilitation Alliance Inc

Licensee Address: 3181 Sandhill Road

Mason, MI 48854

Licensee Telephone #: (517) 336-6060

Administrator/Licensee Designee: Tamara Hannah

Name of Facility: Origami Rehabilitation

Facility Address: 3181 Sandhill Road

Mason, MI 48854

Facility Telephone #: (517) 336-6060

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

II. Purpose of Addendum

To change the facility name from Origami Brain Injury Rehabilitation Center to Origami Rehabilitation.

To add the following program types, mentally ill and developmentally disabled specialized programs.

III. Methodology

On 09/02/2022, administrator Jennifer Force emailed a letter from licensee designee Tamara Hannah requesting to change their facility name from Origami Brain Injury Rehabilitation Center to Origami Rehabilitation.

On 09/02/2022, administrator Jennifer Force emailed a Request for Modification of The Terms of The Registration/License signed by licensee designee Tamara Hannah. The request asked to add mentally ill and developmentally disabled specialized program types.

On 09/02/2022, administrator Jennifer Force emailed all requested supporting documentation.

On 09/06/2022, administrator Jennifer Force emailed a copy of their Certification of Specialized Programs Application for Certification signed by licensee designee Tamara Hannah.

On 09/07/2022, I conducted an on-site inspection at Origami Rehabilitation.

IV. Description of Findings and Conclusions

The letter and Request for Modification of Terms of The Registration/License from licensee designee Tamara Hannah received on 09/02/2022 were reviewed and found to be acceptable.

Jennifer Force emailed a letter from licensee designee Tamara Hannah requesting to change their facility name from Origami Brain Injury Rehabilitation Center to Origami Rehabilitation. No changes have been made to Origami Rehabilitation's longstanding licensee Tamara Lee Hannah nor federal tax/employer identification number.

The request to add mental illness and developmentally disabled specialized program types was accompanied by the following supporting documentation on 09/02/2022, the licensee designee and administrator's work history, education, training, and proof of at least one year of experience working with the populations requested thus sufficiently meeting licensing requirements.

Ms. Force provided an updated program statement and scope of programs and services offered by Origami Rehabilitation. She also provided a copy of the training curriculum required by direct care workers (DCWs) working at Origami

Rehabilitation, which met the requirements of the specialized program types being requested.

A Certification of Specialized Programs Application for Certification was received on 09/06/2022 and found to be in accordance with the rules governing Specialized Certification.

An onsite inspection was conducted on 09/07/2022 and all entrances/exits were found to be at grade level and wheelchair accessible with automatic door openers. The resident rooms were all equipped with tiled handicapped accessible shower stalls with nonslip flooring. The facility is adequately staffed with a 1:3 DCW/patient ratio and a focus on resident safety and well-being. The facility has an open concept design and the resident rooms, kitchen, and living areas are wheelchair accessible and accommodative to individuals with special needs.

I interviewed administrator Jennifer Force and she informed me Origami Rehabilitation has 25 years of experience providing adult foster care to people with disabilities.

The Certification of Specialized Programs Application for Certification indicated Origami Rehabilitation provides 24-hour support in a calming, home like environment with private suites. Their program structure promotes self-sufficiency and rebuilds independent living skills based on an individual's specific needs and care plan. The program also provides care coordination services to assist the residents with community access, external medical coordination, and a family support system contact. These programmatic qualities were evident during the onsite inspection. I saw the residents completing tasks independently such as preparing a snack, reading, working with computers, and cleaning and organizing their room.

V. Recommendation

I recommend the approval of the request to change the facility name from Origami Brain Injury Rehabilitation Center to Origami Rehabilitation. I also recommend adding the following program types, mentally ill and developmentally disabled with certification of specialized programs.

Rodney Gill Date Licensing Consultant

Approved:

09/12/202

Dawn Timm Dat Area Manager