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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 22, 2022

Bianca Wilson
Umbrellex Behavioral Health Services, LLC
Suite 255
13854 Lakeside Circle
Sterling Heights, MI 48313

RE: Application #: AS780413559
Umbrellex 6
2260 W. Main Street
Owosso, MI 48867

Dear Ms. Wilson:

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 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Candace Coburn".

Candace Coburn, 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 #:	AS780413559
Applicant Name:	Umbrellex Behavioral Health Services, LLC
Applicant Address:	Suite 255 13854 Lakeside Circle Sterling Heights, MI 48313
Applicant Telephone #:	(586) 765-4342
Administrator	Bianca Wilson
Licensee Designee:	Bianca Wilson
Name of Facility:	Umbrellex 6
Facility Address:	2260 W. Main Street Owosso, MI 48867
Facility Telephone #:	(586) 765-4362
Application Date:	07/28/2022
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/28/2022	Enrollment
07/28/2022	Contact - Document Sent-emailed Incomplete App Letter, 1326, RI-030, and AFC-100
07/29/2022	Contact - Document Received- RI-030, AFC-100, BCAL-1326A-FP & FPS. sent request to have fps uploaded.
07/29/2022	Contact - Document Sent- emailed AFC-100 for Responsible Person
08/01/2022	File Transferred to Field Office
08/01/2022	PSOR on Address Completed
08/24/2022	Application Incomplete Letter Sent-requesting facility paperwork for original license via email
10/04/2022	Application Complete/On-site Needed
11/15/2022	Inspection completed on-site. Full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Umbrellex 6 a ranch style facility located on 10 acres in a rural area, west of the City of Owosso. The facility has three bedrooms and one full bathroom located on the main floor, and a crawl space foundation. The main entrance leads into the facility's living room, dining room and kitchen. The facility is not wheelchair accessible and has two approved means of egress. On file is proof of ownership.

The facility utilizes the public sewage and a private well water system. On file is an Environmental Health Inspection report indicating that on 12/4/2022 the Shiawassee County Health Department issued the facility an A rating. An onsite inspection determined substantial compliance with licensing rules related to environmental health.

An onsite inspection determined substantial compliance with licensing rules related to fire safety. The gas fired furnace and hot water heater are located on the main floor and are enclosed in a separate room that is constructed of materials that has a 1-hour-fire-resistance rating and a door made of 1 3/4 -inch solid core. The door is hung in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The home is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. On file is a copy of a facility inspection report conducted by a qualified home inspector.

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 x 14	154	1
2	10 x 11	110	1
3	8.11 x 10	81.1	1

The living room, dining room, and sitting room 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, it is concluded that this facility can accommodate **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to three male and/or female residents who are mentally ill and/or developmentally disabled. According to the applicant's mission statement, Umbrellex Behavior Health Services (UBHS) is "an organization that seeks to improve the quality of life of individuals and families by serving their mental health, addictions, special education and community support needs with integrity and compassion." UBHS' Philosophy of Care and Person-

Centered Planning is “dedicated to meeting the behavioral health needs of its community, region and beyond by providing easily accessible programs”. Their treatment philosophy is rooted in a person-centered planning model that provides individualized support through evidence-based practices. They are dedicated to approach crisis, trauma and developmental disabilities with life planning services that incorporate an individual’s personal communication mechanisms and assist them to outline their needs, wishes and goals. The applicant’s program will include social interaction, training to develop personal hygiene, personal adjustment, public safety, and independent living skills. There will be the opportunity for involvement in educational or day programs or employment if applicable. The home will provide transportation for the residents to access community and medical appointments. The applicant intends to accept resident referrals for consumers of the Community Mental Health Authority and plans to obtain a Certification of Specialized Programs.

If needed by residents, behavior interventions and specialized interventions will be identified in the residents’ assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities as well as educational activities. These resources provide an environment to enhance resident quality of life.

C. Applicant and Administrator Qualifications

The applicant is Umbrellex Behavioral Health Services, L.L.C., which is a “Domestic Limited Liability Company formed on March 12, 2018.

Umbrellex Behavior Health Services, L.L.C. 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 members of Umbrellex Behavioral Health Services, L.L.C. have submitted documentation appointing Bianca Wilson as licensee designee and administrator for this facility. Criminal history background checks on Ms. Wilson were completed, and she was determined to be eligible and of good moral character to provide licensed adult foster care. Ms. Wilson submitted statements from a physician verifying her good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Umbrellex Behavioral Health Services, L.L.C. has been in business, serving the mentally ill and developmentally disabled populations for seven years. Ms. Wilson has a master’s degree in Social Work with a concentration in Cognitive Behavior Therapy and is a Licensed Clinical Social Worker and Certified Trauma Practitioner. Ms. Wilson has also completed the mental health certified required trainings for Adult Foster Care group homes. Ms. Wilson has experience working with crisis intervention, emotional support, patient care planning and assessment for adults with mental illnesses and/or developmental disabilities since 2014.

The applicant acknowledged that the staff to resident ratio may need to be adjusted 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 has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant 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.

The applicant 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 the licensee designee will administer medication to residents. In addition, the applicant 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.

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

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant 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.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

B. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity of 3 residents.



12/20/2022

Candace Coburn
Licensing Consultant

Date

Approved By:



12/22/2022

Michele Streeter
Area Manager

Date