



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 10, 2023

Joshua Smith
DBT Institute of MI, PLLC
2950 W. Howell Road
Mason, MI 48854

RE: License #: AL330407593
DBT Institute of MI
2950 W. Howell Road
Mason, MI 48854

Dear Mr. Smith:

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 and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

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

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

I. IDENTIFYING INFORMATION

License #:	AL330407593
Licensee Name:	DBT Institute of MI, PLLC
Licensee Address:	2950 W. Howell Road Mason, MI 48854
Licensee Telephone #:	(517) 367-0670
Licensee Designee:	Joshua Smith
Administrator:	Erin Smith
Name of Facility:	DBT Institute of MI
Facility Address:	2950 W. Howell Road Mason, MI 48854
Facility Telephone #:	(517) 367-0670
Original Issuance Date:	07/15/2022
Capacity:	16
Program Type:	MENTALLY ILL
Certified Programs:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/05/2023

Date of Bureau of Fire Services Inspection if applicable: 12/08/2022

Date of Environmental/Health Inspection if applicable: 06/29/2022

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 1

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
- Incident report follow-up? Yes No If no, explain.
- 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-year regular adult foster care license and concurrent special certification for mentally ill residents.



01/10/2023

Rodney Gill
Licensing Consultant

Date