



JOHN ENGLER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

NOELLE A. CLARK
DIRECTOR

September 30, 2002

Sean Youngren
Rainbow Rehabilitation Centers
P.O. Box 970230
Ypsilanti, MI 48197-0230

RE: Application #: AS810249964
Woodside II
6200 Textile
Ypsilanti, MI 48197

Dear Mr. Youngren:

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 small group home license with a maximum capacity of 6 is issued effective September 30, 2002.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Betsy Montgomery, Area Manager, at (517) 780-7656.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Regulatory Services
Suite 200
209 E Washington
Jackson, MI 49201
(517) 780-7548

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF REGULATORY SERVICES
ADULT FOSTER CARE LICENSING DIVISION
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS810249964
Applicant Name:	Rainbow Rehabilitation Centers
Applicant Address:	5570 Whitaker Rd. Ypsilanti, MI 481970230
Applicant Telephone #:	(734) 482-1200
Administrator/Licensee Designee:	Sean Youngren, Designee and administrator
Name of Facility:	Woodside II
Facility Address:	6200 Textile Ypsilanti, MI 48197
Facility Telephone #:	(734) 481-2260
Application Date:	07/09/2002
Capacity:	6
Program Type:	TRAUMATIC BRAIN INJURED

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows,

07/09/2002	Enrollment
07/24/2002	Preliminary on-site inspection
09/17/02	Final on-site inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

B. Physical Plant

1. Environmental:

The facility is a ranch style home originally constructed for residential occupancy. It was not occupied until issuance of this license. The facility is vinyl sided and faced in red brick. It has a one-car garage. The front entrance is ramped; however, the rear entrance off the deck is not ramped. Since the facility has only one entrance with a ramp to ground level, persons in wheelchairs cannot be accommodated or provided adult foster care in this facility.

The front door of the facility opens to a foyer which then opens upon a large, living area/living room, dining, and kitchen area. Two sliding door walls are at the back of the living area which form the rear exits. The sliding door walls exit upon a large wood deck. The dining area and living area measure 530 square feet of living space.

Off the foyer of the facility is a doorway to the basement of the facility. The basement contains the facility heat plant and hot water heater. The facility has a central air conditioning system.

The corridor off the kitchen opens to the laundry room, ½ bathroom, and a doorway to the one-car garage.

The corridor off the living area to the right (west) opens to three bedrooms and one full bathroom. The southwest corner bedroom contains a full bathroom with walk-in shower and separate Jacuzzi. The licensee has submitted a letter stating the Jacuzzi will not be used, either by staff or residents.

The bedroom locations and dimensions are as follows:

North bedroom:	13'7" X 13'8" = 203 sq. ft.	(2)*
Northwest corner bedroom:	11'8" X 13'10" + 2'4" X 7'6" = 178 sq. ft.	(2)
Southwest corner bedroom:	14'6" X 14'2" = 205 sq. ft.	(2)

*() Denotes the number of licensed beds

2. Sanitation:

The facility is served by a public water system and sewer system.

Garbage service is provided weekly by the city of Ypsilanti.

3. Fire Safety:

The facility heat plant and hot water heater are located in the facility basement. Both are supplied by L.P. gas. The facility has a hard wired interconnected smoke detection system. The smoke detectors also have battery back-up. The smoke detection system was operated by the licensee during the final on-site inspection. The smoke detectors were activated and were audible throughout the facility.

B. Program Description

A. Quality of Care

1. Administrative structure & capability:

The applicant is a Michigan for-profit corporation. According to the certificate of incorporation, it was established on October 9, 1986. The original incorporators listed in the Articles of Incorporation were William Marks, John Svendsen, Roger Bird, and Harold Wilson. The president and C.E.O. of the corporation is Harold G. Wilson. The licensee designee and administrator for all licensed facilities is Sean Youngren, as designated by the board of directors of the corporation.

The true name of the corporation is Rainbow Rehabilitation Centers, Inc. The "assumed name" of the corporation is Rainbow Tree Center as delineated in the Certificate of Assumed Name retained in the licensing corporate record.

According to Department records, the applicant currently has 23 adult foster care licensed facilities operating in Wayne, Washtenaw, and Oakland counties. Corporation records describe the general nature and kind of business Rainbow operates as "residential and rehabilitation services for individuals with traumatic brain injuries."

A criminal record clearance has been completed for Sean Youngren which indicates he has no criminal record.

The applicant submitted a budget for this facility and corporate financial statements. Based on these documents, the applicant was found financially capable and stable.

2. Qualifications and competencies:

Mr. Wilson has been a group home administrator for many years. Mr. Youngren has also been employed in group homes serving brain injured clients for many years. His employee record has been reviewed in the past, and it documents extensive training in relevant areas.

3. Program Information:

The facility will provide personal care, supervision, and protection, in addition to room and board. Additionally, the applicant will provide specialized rehabilitation services including nursing, physical therapy, occupational therapy, employment services, and case management. These services are primarily provided out of the corporation's central, main-office location.

Residents are transported from the facility to the main office for programs and therapies. Transportation is also provided for needed medical services, which are available in the community. Transportation is provided in vehicles operated by the licensee.

Emergency medical services will be provided by local hospitals and ambulance services.

The proposed staffing pattern was established by the licensee as follows,

Assuming a census of (6), the facility will be staff(ed) at (1-2) on the Midnight Shift, (1-3) on the Day Shift, & (1-3) on the Afternoon Shifts. Variations in staffing levels may fluctuate based on census levels and respective needs of the clientele.

Medications will be stored in a locking kitchen cabinet.

4. Facility and employee records:

The applicant has previously submitted copies of proposed personnel policies, job descriptions, and standard procedures, which are retained in the corporation licensing record. An initial staff schedule indicated there will be a minimum of two direct care staff on duty for every shift.

Emergency plans for medical emergencies, fire, facility repairs, and severe weather have been submitted, reviewed and found acceptable.

The “good moral character” of each employee is assessed pursuant to the individual employee’s response to certain questions pertaining to a conviction or arrest history as contained in the signed employment application. The applicant also conducts a LEIN clearance regarding each employee. The results of the LEIN clearance are maintained at the corporation’s main office.

5. Resident rights:

5. Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to six adults who suffered a traumatic brain injury and are ambulatory.

Approved By:

Betsy Montgomery
Area Manager

Date