



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 #: AS810249963
Woodside 1
6180 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 #:	AS810249963
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 1
Facility Address:	6180 Textile Ypsilanti, MI 48197
Facility Telephone #:	(734) 481-1794
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 completed
09/17/02	Final on-site inspection completed

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 facility has ramps at both the front entrance and at the rear entrance. The facility is owned by an arm of the corporation.

The front door of the facility opens to a dining area, living area, and kitchen. Off the living area to the left (east) is a corridor to the laundry room, one of three full baths, a door to the basement and a door to the garage. The garage has no side hinged exit door; therefore, the garage cannot be designated as an exit in case of an emergency. The living area also has a sliding glass door which exits to a large deck located at the rear of the facility. The deck has a ramp to ground level which serves as the rear exit for the facility. The total living area for the facility (living room and dining area) equals 531 square feet.

The facility has a full basement, but it is unavailable for resident use since it does not have an additional exit directly to the outside. The basement contains the facility heat plant and hot water heater. The facility has a central air conditioning system.

Off the living area to the right (west) is a corridor to two full bathrooms and three resident bedrooms. The southwest corner room will currently serve as a facility office, and it also has a sliding glass door exit to the large deck located at the rear of the facility. [The licensee is planning on remodeling this room (434 square feet) in the future to serve as additional resident bathrooms.] One of the two bathrooms located in this corridor has a built in Jacuzzi and an additional walk-in shower. This bathroom is

separated from the corridor by a large pocket door. The licensee has provided a letter stating the Jacuzzi will not be used by residents or staff.

The bedroom locations and dimensions are as follows:

North bedroom:	$11'5'' \times 11'7'' + 2'4'' \times 5'2'' = 144 \text{ sq. ft.}$	(2)*
South bedroom:	$12'3'' \times 10'10'' + 2'4'' \times 3'10'' = 142 \text{ sq. ft.}$	(12
Northwest corner bedroom:	$13'6'' \times 13'3'' + 2'4'' \times 7'2'' = 196 \text{ sq. ft.}$	(2)

*() Denotes number of licensed beds per bedroom

2. Sanitation:

The facility is served by public water and sewer.

Garbage service is provided weekly by the city of Ypsilanti.

3. Fire Safety:

The facility is heated by a forced-air, L.P. gas-fired furnace. The hot water heater is also gas fired. Both are located in the facility basement. Fire extinguishers are installed on each level of the facility. The licensee is currently on a waiting list for conversion of the facility to natural gas.

The facility has a hard-wired, interconnected smoke alarm system. The 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 is of “good moral character.”

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.

Resident medications are stored in a locking floor cabinet located in the facility kitchen.

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.

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

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.

Resident records will be retained at the facility at all times. Employee records will be maintained at the main office.

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.

The applicant is aware of the administrative rules regarding the licensee’s handling of resident funds and will comply with those requirements.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. Sean Youngren has also signed an agreement to respect and provide a copy of those resident rights to residents/designated representatives as delineated in R400.14304(1)(2). Those resident rights will be reviewed with each individual resident and/or designated representative.

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.

IV. RECOMMENDATION

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.

Chuck Wisman
Licensing Consultant

Date

Approved By:

Betsy Montgomery
Area Manager

Date