



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 24, 2023

Tyler Curtis
CBI Rehabilitation Services, Inc.
3446 E. Lake Lansing Rd.
East Lansing, MI 48823

RE: License #: AS330337346
Belmonte Circle
606 Belmonte Circle
East Lansing, MI 48823

Dear Mr. Curtis:

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 is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that 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 "Jana Lipps".

Jana Lipps, 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 #: AS330337346

Licensee Name: CBI Rehabilitation Services, Inc.

Licensee Address: 3446 E. Lake Lansing Rd.
East Lansing, MI 48823

Licensee Telephone #: (517) 349-6975

Licensee/Licensee Designee: Tyler Curtis, Designee

Administrator: Tyler Curtis, Designee

Name of Facility: Belmonte Circle

Facility Address: 606 Belmonte Circle
East Lansing, MI 48823

Facility Telephone #: (517) 349-6975

Original Issuance Date: 03/11/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 3
No. of others interviewed 1 Role: Licensee designee

- 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. The licensee designee is not currently managing cash funds for any of the current residents.
- Meal preparation / service observed? Yes No If no, explain. Inspection took place after the noon meal.
- 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
Licensee designee has been granted a variance for Rule 315.3 as they are monitoring resident room and board payments with an electronic system. A variance to Rule 304.1.o and 304.2 had been granted in 2019 for Resident S.C. This variance is no longer required as this resident no longer resides at this facility, per licensee designee.

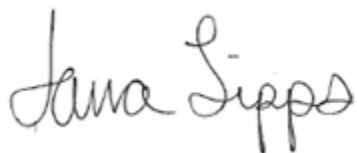
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



08/24/23

Jana Lipps
Licensing Consultant

Date