



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2025

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 Joshua Smith:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "Mahtina Rubritius". The script is cursive and fluid, with the first name "Mahtina" and last name "Rubritius" clearly distinguishable.

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/06/2025

Date of Bureau of Fire Services Inspection if applicable: 12/11/2024

Date of Environmental/Health Inspection if applicable: Pending

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.  
Technical assistance was provided regarding medication administration.
- 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.  
Technical assistance was provided regarding documentation of the fire drills.
- 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.  
Incident Reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
R 400. 15312 (2) 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 found to be in non-compliance with the following rules:

**R 400.15205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

- Employee #1 was hired on 8/26/2023, and the physical was completed on 10/3/2023.
- Employee #2 was hired on 6/3/2024, and the physical was completed on 10/7/2024.
- The physicals for Employee #1 and Employee #2 were not completed within 30 days of hire.

**R 400.15205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.**

- The TB test results for Joshua Smith, Licensee Designee and Administrator, were outdated.

**R 400.15205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff,**

other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

- The TB testing was not completed within 30 days of hire for Employee #1 and Employee #2.

**R 400.15205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

- There was no annual health review completed for Employee #1.

**R 400.15208      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(f) Verification of reference checks.

- There was only one reference check completed for Employee #2.

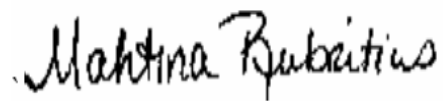
**R 400.15403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- The facility was equipped with cameras in the common areas, and there were no signs posted notifying residents or visitors of the cameras. The licensee shall also notify residents, guardians, and responsible persons of the video surveillance, in writing, and maintain a copy in the resident file.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and an approved Environmental Health Inspection report, renewal of the license and the special certification is recommended.



1/9/2025

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Mahtina Rubritius  
Licensing Consultant

Date