



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 11, 2025

Bianca Wilson  
Umbrellex Behavioral Health Services, LLC  
13854 Lakeside Circle Ste  
Sterling Heights, MI 48313

RE: Application #: AS380418713  
**Umbrellex 203**  
**621 Royal Drive**  
**Jackson, MI 49202**

Dear Bianca Wilson:

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 temporary license with a maximum capacity of 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

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

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS380418713
<b>Licensee Name:</b>	Umbrellex Behavioral Health Services, LLC
<b>Licensee Address:</b>	13854 Lakeside Circle Ste Sterling Heights, MI 48313
<b>Licensee Telephone #:</b>	(586) 765-4342
<b>Administrator/Licensee Designee:</b>	Bianca Wilson
<b>Name of Facility:</b>	Umbrellex 203
<b>Facility Address:</b>	621 Royal Drive Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 435-4997
<b>Application Date:</b>	08/02/2024
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

08/02/2024	On-Line Enrollment
08/06/2024	PSOR on Address Completed
08/06/2024	Contact - Document Sent forms sent
08/21/2024	File Transferred To Field Office
08/27/2024	Application Incomplete Letter Sent
10/29/2024	Application Complete/On-site Needed
10/29/2024	Inspection Completed On-site
10/29/2024	Inspection Completed-BCAL Sub. Compliance
12/03/2024	Inspection Completed On-site
12/03/2024	Inspection Completed-BCAL Sub. Compliance
12/03/2024	SC-Application Received - Original
12/18/2024	Rule Variance/Exemption Received
12/19/2024	Inspection Report Requested – Health - 1034805
01/07/2025	Inspection Completed On-site
01/10/2025	Contact - Document Received- Training and updated policy
01/14/2025	Inspection Completed-Env. Health : A #1034805
03/10/2025	Rule Variance/Exemption Granted - R 400.14409
03/10/2025	Contact - Document Sent - Variance Approval Letter
03/11/2025	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This inspection included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearances, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

#### A. Physical Description of Facility

This facility is located in a residential neighborhood in the City of Jackson. This facility is a single-story home, with a detached garage. The primary entrance for residents is located at the front of the facility, facing north. The second required means of egress is accessed through a door in the kitchen. This exit is not equipped with steps and handrails. The facility is not wheelchair accessible.

The primary entrance opens to the living room, which leads to a dining area, the kitchen, and a small office area. An entryway from the dining room leads straight to the full bathroom and Bedroom #1 on the left and Bedroom #2 on the right.

The heat plant is in the basement of the facility and is accessed through a door in the kitchen. This door is a 90-minute fire door, that has an automatic self-closing device, and positive latching hardware. The furnace, gas water heater, washer and dryer are in the basement. The furnace has been inspected and approved by an inspector. A copy of the approved inspection report is contained within the licensing file. The water heater is equipped with a device that assures a constant hot water temperature.

The facility is equipped with a wireless interconnected smoke detection system and is in good operating condition. Smoke detectors are located throughout the facility and in required areas of the home.

The facility is served by a private water supply and sewage disposal system. The facility received an "A" rating on the environmental health inspection report from the Jackson County Health Department. A private vendor will remove trash from the facility on a weekly basis.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	9' x 15'	135 sq. ft.	2
Bedroom # 2	8'7" x 9'2"	79 sq. ft.	1

The applicant submitted a variance request for Bedroom #2, as the bedroom does not meet the minimum requirement of 80 sq. ft. for a single occupancy room. The applicant has stated, in writing, that the minor deviation does not compromise the room's functionality or comfort. This request was reviewed and approved by the division director.

The indoor living and living areas, (excluding the bedrooms) measure a total of 243 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based upon the information provided above, this facility can accommodate 3 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 3 male or female ambulatory residents who are 18 years of age or older, or aged, whose diagnosis is developmentally disabled or mentally ill. Umbrellex Behavioral Health Services (UBHS) is "an organization that seeks to improve the quality of life of individuals and families by serving their mental health, addiction, special education and community support needs with integrity and compassion." The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Umbrellex 203 strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with sources of payment from Social Security, Supplemental Security Income, CMH Specialized Residential funding, and Medicaid personal care. Residents will be referred from Lifeways.

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of individuals with a mental health and/or developmental disability diagnosis, as set forth in their *Assessment Plans for AFC Residents* and in their individual plans of service. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, the applicant intends to utilize local community resources and other community activities.

## **C. Applicant and Administrator Qualifications**

The applicant is Umbrellex Behavioral Health Services, LLC and is a "Domestic Limited Liability Company" which was formed on March 12, 2018. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status, and that Bianca Wilson is the Resident Agent. The

applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. Bianca Wilson is the CEO of Umbrellex Behavioral Services, LLC, and she has stated in writing the appointment of herself, as the licensee designee and the administrator for the facility.

A criminal background check of Bianca Wilson was completed, and she was determined to be of good moral character to provide licensed adult foster care. Bianca Wilson submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Bianca Wilson has a Master's degree in Social Work, with a concentration in Cognitive Behavioral Therapy and School Social Work. Bianca Wilson has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR. Bianca Wilson also operates other licensed facilities in the State of Michigan.

The staffing pattern for the original license of the 3-bed facility is adequate and includes a minimum of 1 staff for 3 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be

maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home for a capacity of 3 residents.



03/11/2025

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:



03/11/2025

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Dawn N. Timm  
Area Manager

Date