



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 17, 2025

Angela Joquico
Resilire Neurorehabilitation, LLC
7200 Challis Rd.
Brighton, MI 48116

RE: License #: AS500407480
Moravian West Community Residential
38295 East Horseshoe Dr.
Clinton Twp., MI 48038

Dear Ms. Joquico:

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 (248) 972-9136.

Sincerely,

A handwritten signature in blue ink, appearing to read "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS500407480
Licensee Name:	Resilire Neurorehabilitation, LLC
Licensee Address:	7200 Challis Rd. Brighton, MI 48116
Licensee Telephone #:	(810) 227-0119
Licensee/Licensee Designee:	Angela Joquico, Designee
Administrator:	Erina Lici
Name of Facility:	Moravian West Community Residential
Facility Address:	38295 East Horseshoe Dr. Clinton Twp., MI 48038
Facility Telephone #:	(586) 307-8140
Original Issuance Date:	07/01/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2025

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 N/A Role: [REDACTED]

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
None needed
- 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

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.



12/17/25

Eric Johnson
Licensing Consultant

Date