GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 25, 2026

Rebirth Community Inclusion Program, LLC
Linda Jefferson
16951 Maryland
Southfield, MI 48075

RE: License #: AS820396286
Investigation #: 2026A0116038
Rebirth Community Inclusion Program

Dear Ms. Jefferson,

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 319-9682

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS820396286
Investigation #:	2026A0116038
Complaint Receipt Date:	06/30/2026
Investigation Initiation Date:	06/30/2026
Report Due Date:	08/29/2026
Licensee Name:	Rebirth Community Inclusion Program, LLC
Licensee Address:	16951 Maryland Southfield, MI 48075
Licensee Telephone #:	(313) 778-3194
Administrator:	Linda Jefferson
Licensee Designee:	Linda Jefferson
Name of Facility:	Rebirth Community Inclusion Program
Facility Address:	811 Superior St Wyandotte, MI 48192
Facility Telephone #:	(734) 407-7390
Original Issuance Date:	07/22/2021
License Status:	REGULAR
Effective Date:	01/22/2026
Expiration Date:	01/21/2028
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Complainant reported there are no ramps at the home and there are two residents with mobility issues.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/30/2026	Special Investigation Intake 2026A0116038
06/30/2026	Special Investigation Initiated - Telephone Complainant.
07/06/2026	Inspection Completed On-site Interviewed Residents A-E, staff, Shaun Bell, licensee designee, Linda Jefferson, reviewed Resident B and E records.
07/06/2026	APS Referral Made.
07/07/2026	Contact - Telephone call received Resident C.
07/07/2026	Contact - Telephone call made Resident E.
07/08/2026	Contact - Document Received Resident's A and D records.
07/08/2026	Inspection Completed-BCAL Sub. Compliance
07/10/2026	Contact - Document Received Letter from licensee designee, Linda Jefferson, requesting to voluntarily close the licensee effective 07/20/2026.
07/10/2026	Contact - Telephone call made Licensee designee, Linda Jefferson.

07/20/2026	Contact - Telephone call received Licensee designee, Linda Jefferson.
08/01/2026	Exit Conference Licensee designee, Linda Jefferson.

ALLEGATION:

Complainant reported there are no ramps at the home and there are two residents with mobility issues.

INVESTIGATION:

On 06/30/26, I received a telephone call from the complainant. The complainant reported that there were two people recently admitted into the home that should not have been. Complainant reported both have mobility issues and there is no way they can ambulate up and down the stairs in the interior or exterior of the home.

On 07/06/26, I conducted an unscheduled onsite inspection and was left outside for at least 15 minutes, although I could hear movement in the home. I called licensee designee, Linda Jefferson, and advised her to call the staff person on shift and allow me entry into the home. Ms. Jefferson made the call, and I was able to enter the home.

I interviewed Resident's A-E, staff, Shaun Bell and licensee designee, Linda Jefferson.

I interviewed and observed Resident A. Resident A reported she is her own guardian and has been living in the home a couple weeks. She reported that so far, she has had no complaints. I observed Resident A sitting on the couch with a four wheeled walker in front of her. I asked Resident A if she was able to ambulate up and down the front and back stairs which are the homes two approved means of egress. Resident A reported that she could. However, when I asked her to show me, she could barely navigate to the front door. Due to safety concerns, I did not continue with my request for Resident A to walk down the 10-12 front stairs. It was clear that the severity of Resident A's mobility issues would prevent her from completing my request. Resident A reported that her bedroom is on the main floor of the home and that she does not have problems navigating the main floor.

I interviewed Resident B and she reported that she is her own guardian and has lived in the home for a couple of months. Resident B reported that she does use a four wheeled walker due to issues with sciatica. She reported that her bedroom is on the main floor of the home and that she is able navigate the home with no issues.

With regard to exiting down the front and back stairs, she reported that as long as she takes her time and moves slow, she is able to safely navigate the stairs. Resident B was able to move about with no issues with and without her walker.

I interviewed Resident C and she reported that she is her own guardian and has lived in the home for almost four months. Resident C reported that Resident A and Resident D should not be in this home as they have major mobility issues and that it is not safe for them to be here. Resident C reported that Resident D's bedroom is upstairs and he drags his foot, is on a walker and reported she is always nervous that he is going to fall and kill himself trying to navigate the stairs.

I interviewed Resident D and he reported that he is his own guardian and has lived in the home for about 2 weeks. He reported that he had a stroke 14 years ago and has impaired mobility. Resident D reported that the stairs are difficult for him to ambulate with his cane while still trying to hold on to the rail. He reported that he gets it done and takes his time. Resident D reported that he likes living in the home so far and has no concerns to report. I asked Resident D if he could show me how he navigates the stairs to get to the main floor. Resident D retrieved his cane and proceeded to the stairs. I observed Resident A barley able to lift the front part of his left foot causing him to drag it. I also observed partial paralysis to his left arm. After observing the struggle Resident D was having trying to navigate the stairs, I recommended that he not continue and return to where he was or is comfortable at.

I interviewed Resident E and he reported that Resident A and B struggle getting out of the home and down the front and back stairs so he helps out in any way he can. Resident E also reported that he helps Resident D up and down the stairs and with anything else he may need assistance with since they both reside upstairs. Resident E reported that Resident D should not be on the second floor. Resident E reported that he has lived in the home for about six months and has no complaints. He reported that Ms. Jefferson and the staff treat him well and assist him as needed.

I attempted to interview staff, Shaun Bell, I asked Ms. Bell to provide the correct spelling of her first name and she responded. "It's the common spelling." Ms. Bell refused to spell her name or answer questions.

Licensee designee, Linda Jefferson, arrived at the home and I interviewed her. Ms. Jefferson reported that all three of the residents are ambulatory and reported that with assistance they are able to ambulate the steps/stairs inside and outside of the home. Ms. Jefferson reported that she completed pre-assessments with all three residents and believed that their needs could be met in the home. Ms. Jefferson reported she was not aware that a resident with mobility issues could not have a bedroom on the second floor. I referred Ms. Jefferson to the rule book and reminded

her of the conversations we've had previously about admitting residents and ensuring the home had the physical accommodations required for the resident.

I requested to review Resident A, B and D's records. Ms. Jefferson was unable to locate Resident A and D's records and reported she would forward them to me later. I reviewed Resident B's records and observed that she uses a four wheel walker due to a fracture of the left pubis (a break in the small bone fractures at the front of the pelvis) and sciatica.

On 07/08/26 I received and reviewed Resident's A and D records. Ms. Jefferson completed written pre-admission and admission assessments and both documented serious mobility issues and the need for assistive devices to support both residents ambulate.

Resident A is diagnosed with Spondylopathy (a disease affecting the vertebrae that cause back pain, stiffness and reduced movement), osteoporosis, essential tremors, and gait disturbance (an abnormal way of walking which can include, shuffling, dragging feet, unsteadiness and limping).

Resident D is diagnosed with left hemiplegia (total or partial paralysis of the left side of the body caused by damage to the right side of the brain), and foot drop (a symptom that makes it hard to lift the front part of the foot causing a person to drag the toes, slap the foot on the ground or lift the leg high when walking.

On 07/10/26, I spoke with licensee designee, Linda Jefferson, and she reported that she is requesting voluntary closure of the license. She reported that she is working with the residents to secure new placements for them and plans to have everyone replaced by 07/20/26.

On 08/01/026, I conducted the exit conference with licensee designee, Linda Jefferson, and she reported that as of 07/20/26, all of the residents have been re-placed and the home is empty. I informed Ms. Jefferson of the findings of the investigation and the specific rule cited. Ms. Jefferson reported an understanding. I informed Ms. Jefferson that I would use her closure letter as her corrective action plan.

APPLICABLE RULE	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(2) A licensee shall not accept or care for a resident until a written assessment has been completed. A written assessment plan must include all of the following: **(a) The amount of personal care, supervision, and protection required by the resident that is available at the facility.** **(b) The services, skills, and physical accommodations required by the resident that are available at the facility.** **(c) The resident is compatible with other residents, assigned roommate, and members of the household.**
ANALYSIS:	Based on the findings of the investigation, which included interviews of Resident's A-E, licensee designee, Linda Jefferson, review of Residents A, B and D records, and my observation of the home, there is a preponderance of evidence to substantiate that the licensee designee should not have admitted Resident A and D, because the home does not have the physical accommodations required by the resident available. Both Resident A and D have serious medical conditions that cause impaired mobility. Both approved means of egress have multiple stairs that present a safety risk for these residents when ambulating.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 07/06/26, I conducted an unscheduled onsite inspection and interviewed staff, Shaun Bell, licensee designee, Linda Jefferson and Residents C and E. Ms. Bell

was uncooperative and was unwilling to provide the spelling of her name or answer any questions.

I interviewed Resident C and E and they both reported that the staff that is in the home is not Shaun Bell. They reported that her name is Micheal but were not able to remember her last name. They reported that staff,Shaun Bell, only works weekends.

I interviewed licensee designee, Linda Jefferson, and asked to review Ms. Bell records. Ms. Jefferson reported that she could not locate her record. I informed Ms. Jefferson to fax or email me her record within the next 24 hours. I asked Ms. Jefferson the name of the staff, that was in the home, and she reported that her name was Shaun Bell. I informed Ms. Jefferson that I was told her name was Micheal. Ms. Jefferson reported that she does not have a staff by the name of Micheal.

On 07/07/26, I received a call from Resident C. Resident C reported that Ms. Jefferson is not being truthful about the staff because they probably aren't trained and shouldn't be working in the home. Resident C reported that Ms. Jefferson, Shaun Bell and Micheal are the three people that work in the home.

On 07/07/26, I interviewed Resident E via telephone. Resident E once again confirmed that the staff, who was present during my onsite inspection was Micheal. He reported that Ms. Bell works the weekends and Micheal and Ms. Jefferson work during the week. Resident E reported that he doesn't understand why Micheal and Ms. Jefferson are not being honest. He reported that both staff and Ms. Jefferson are good people, are helpful to the residents and he enjoys living there.

On 07/08/26, I reviewed the workforce background check system and observed that no staff were currently attached to the facility.

On 07/10/26, I interviewed licensee designee, Linda Jefferson. I informed Ms. Jefferson that I had not received the employee files for Ms. Bell or Micheal. Ms. Jefferson reported that she is voluntarily closing the license and will have all residents replaced by 07/20/26.

On 08/01/26, I conducted the exit conference with licensee designee, Linda Jefferson, and informed her of the findings of the investigation and the specific rule cited. Ms. Jefferson reported an understanding and reported that all of the residents have been replaced as of 07/20/26.

APPLICABLE RULE	
MCL 400.734b	**Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult fostercare facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

ANALYSIS:	Based on the findings of the investigation, which included interviews with licensee designee, Linda Jefferson, Residents C and E and my review of the workforce background check system, there is a preponderance of evidence to substantiate that Ms. Jefferson employed staff who had direct access to residents and did not complete a criminal history check or require them to submit their fingerprints.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.639	**Staff records.**
	(1) A licensee shall maintain a record for each staff that contains all of the following: **(a) Name, address, telephone number, and Social Security number.** **(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.** **(c) Copy of a driver's license if staff provide transportation services.** **(d) Verification of age.** **(e) Verification of experience, highest level of education completed, and training.** **(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.** **(g) Beginning and ending dates of employment on separation.** **(h) Health information as required by these rules.** **(i) Verification of the receipt by the staff of personnel policies and job descriptions.**

ANALYSIS:	Based on the findings of the investigation, which included an interview with licensee designee, Linda Jefferson, and my observation, there is a preponderance of evidence to substantiate that Ms. Jefferson did not maintain a record for staff.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 07/06/26, I conducted an unscheduled onsite inspection and interviewed licensee designee, Linda Jefferson, and Resident D. Ms. Jefferson reported that Resident D does have mobility issues due to having a stroke some years ago. She reported that Resident D also uses a cane, but is able to navigate the stairs to get to and from his bedroom that is located on the second floor of the home. I reminded Ms. Jefferson of our previous discussions pertaining to this exact situation and the technical assistance I provided her in the past to ensure compliance with this rule. Ms. Jefferson reported she was not aware that she could not have a resident with impaired mobility on the second floor of the home.

I interviewed Resident D and he reported that he does have mobility issues due to having a stroke. Resident D reported that the stairs are difficult for him to ambulate with his cane while still trying to hold on to the rail. He reported that he gets it done and takes his time.

On 07/08/26, I received and reviewed Resident D's records and observed that he is diagnosed with left hemiplegia (total or partial paralysis of the left side of the body caused by damage to the right side of the brain), and foot drop (a symptom that makes it hard to lift the front part of the foot causing a person to drag the toes, slap the foot on the ground or lift the leg high when walking.

On 08/01/26, I conducted the exit conference with licensee designee, Linda Jefferson, and informed her of the findings of the investigation and the specific rule cited. Ms. Jefferson reported an understanding.

APPLICABLE RULE	
R 400.651	**Living space.**
	(4) A resident that has impaired mobility shall have access to the living, dining, bathroom, and the resident's bedroom. These areas must be located on the street floor level of the facility that contains the required means of egress.

ANALYSIS:	Based on the findings of the investigation, which included interviews with licensee designee, Linda Jefferson, Resident D, review of Resident D's record and my visual observation of Resident D, there is a preponderance of evidence to substantiate that Resident D has impaired mobility and his assigned bedroom is not located on the street floor of the home.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 07/06/26, I conducted an unscheduled onsite inspection and interviewed Resident B and licensee designee, Linda Jefferson. Resident B reported that she uses the walker due to sciatica. Resident B was unaware if she had a current order for the walker.

I interviewed licensee designee, Linda Jefferson, and she reported that she is aware that an order is required for all assistive devices. Ms. Jefferson reported that the order should be in the file.

I reviewed Resident B's records and observed that there was no signed order authorizing use of the walker, the reason, or the term of authorization.

On 08/01/26, I conducted the exit conference with licensee designee, Linda Jefferson, and informed her of the findings of the investigation and the specific rule cited. Ms. Jefferson reported an understanding.

APPLICABLE RULE	
R 400.673	**Use of assistive devices, therapeutic support.**
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

ANALYSIS:	Based on the findings of the investigation, which included interviews with licensee designee, Linda Jefferson, Resident B and my review of Resident B's records, there is a preponderance of evidence to substantiate that Ms. Jefferson did not obtain written authorization from Residents B's doctor for her four-wheel walker.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 07/06/26, I conducted an unscheduled onsite inspection. During my inspection, licensee designee, Linda Jefferson, was upset and agitated with Resident C. I observed and heard Ms. Jefferson blaming her for my involvement and calling her a "Lindaite [sic]." Ms. Jefferson believes that Resident C is against her and is assisting Cynthia, a previous employee, who she believes is behind the complaint and who Resident C communicates with.

I observed Ms. Jefferson raising her voice at Resident C, calling her a liar and was totally inappropriate in the way she was handling her frustrations. I intervened and re-directed Ms. Jefferson several times. It escalated to the point of me having to have Ms. Jefferson leave out of the home in order for her to regain her composure.

I interviewed Resident C and she reported that she has been looking for a new placement as Ms. Jefferson has been targeting her because she thinks she is running back telling her ex friend/ staff Cynthia what is going on in the home. Resident C reported her belief that Ms. Jefferson is having a mental break down. Resident C reported that she is not afraid of Ms. Jefferson and will be out of the home soon, she reported that if Ms. Jefferson bothers her or threatens her, she will use her cell phone and call 911.

Prior to leaving, I spoke to Ms. Jefferson and she apologized for the way she conducted herself. Ms. Jefferson reported that she is going through a lot with the business and is frustrated at the things her former friend/staff is doing to jeopardize her business. I informed Ms. Jefferson that in spite of what is happening in her life, it

is never okay to disrespect a resident, who she is responsible to care for. Ms. Jefferson apologized again and reported an understanding.

On 08/01/26, I conducted the exit conference with licensee designee, Linda Jefferson, and informed her of the findings of the investigation and the specific rule cited. Ms. Jefferson reported an understanding.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	Based on the findings of the investigation, which included interviews with licensee designee, Linda Jefferson, Resident C and my observation, there is a preponderance of evidence to substantiate that Ms. Jefferson did not treat Resident A with dignity and respect, by the way she spoke to her, raising her voice and calling her a liar.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 07/06/26, I conducted an unscheduled onsite inspection and interviewed licensee designee, Linda Jefferson and asked to review Resident C's record. Ms. Jefferson reported that she was unable to locate Resident C's record and reported that it was likely at her home office. I asked Ms. Jefferson to fax or email Resident C's record within the next 24 hours.

On 07/10/26, I spoke to Ms. Jefferson and inquired about Resident C's record. Ms. Jefferson reported that she is requesting voluntary closure of the license and reported she will have all of the residents re-placed by 07/20/26.

Ms. Jefferson never sent Resident C's records.

On 08/01/26, I conducted the exit conference with licensee designee, Linda Jefferson and informed her of the findings of the investigation and the specific rule cited. Ms. Jefferson reported and understanding. Ms. Jefferson added that all of the residents have been replaced, she has notified the landlord and has removed all of her belongings out of the home.

APPLICABLE RULE	
R 400.691	**Resident records.**
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: **(a) Personal information including all of the following:** **(i) Resident's full name.** **(ii) Social Security number.** **(iii) Date of birth.** **(iv) Marital status.** **(v) Veteran's status.** **(vi) Gender identity.** **(vii) Former address.** **(viii) Name, address, and contact information of identified contact or designated representative.** **(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.** **(x) Funeral provisions, preferences, and contact information.** **(xi) Resident's religious preference.** **(b) Date of admission.** **(c) Date of discharge and address to where the resident moved.** **(d) Health care information including all of the following:** **(i) Health care appraisals.** **(ii) Medication administration record.** **(iii) Name, address, and contact information of the preferred health care professional and hospital.** **(iv) Medical insurance.** **(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.** **(vi) Instructions for emergency care and advanced medical directives.** **(e) Resident care agreement.** **(f) Assessment plan.** **(g) Admission and monthly weight record.** **(h) Incident reports.** **(i) Resident funds and valuables record and resident refund agreement.** **(j) Resident grievances.** **(k) Resident discharge notice.**

ANALYSIS:	Based on the findings of the investigation, which included an interview with licensee designee, Linda Jefferson, and my observation, there is a preponderance of evidence to substantiate that Ms. Jefferson did not complete and maintain a record for Resident C that contains all of the aforementioned.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend closure of the license based on the licensee's written request.

08/19/26

_____

Pandrea Robinson — Date
Licensing Consultant

Approved By:

08/25/26

_____

Ardra Hunter — Date
Area Manager