



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 6, 2010

Sean Youngren
Rainbow Rehabilitation Centers
Suite 101
38777 Six Mile Road
Livonia, MI 48152

RE: Application #: AS630308510
Shady Lane II
28437 Shady Lane
Farmington Hills, MI 48834

Dear Mr. Youngren:

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 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS630308510
Applicant Name:	Rainbow Rehabilitation Centers
Applicant Address:	Suite 101 38777 Six Mile Road Livonia, MI 48152
Applicant Telephone #:	(734) 482-1200
Administrator/Licensee Designee:	Sean Youngren, Designee
Name of Facility:	Shady Lane II
Facility Address:	28437 Shady Lane Farmington Hills, MI 48834
Facility Telephone #:	(734) 645-3539
Application Date:	05/21/2010
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/21/2010	Enrollment
05/25/2010	Application Incomplete Letter Sent re: Record Clearance for Sean Youngren
06/15/2010	Contact - Document Received Record Clearance for Sean
06/16/2010	Application Complete/On-site Needed
06/22/2010	Comment Voluntarily transferred to Jackson Consultant
06/29/2010	Application Incomplete Letter Sent
07/27/2010	Contact - Document Received Documentation as requested in confirming letter, including proof of ownership and right to occupy.
08/12/2010	Inspection Completed-BCAL Sub. Compliance
09/24/2010	Contact - Document Received Documentation as requested in confirming letter.
10/04/2010	Contact – Document Received Copy of revised Admission Policy & addendum CAP

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a large open floor architecturally designed single story building of new construction. The facility was designed specifically for the licensee to accommodate brain injured individuals who are confined to a wheelchair and medically fragile. The facility is approximately 4,200 square feet consisting of 5 modular constructed sections with a stick built garage, porches, and the central aspect of the facility that includes the kitchen, dining area, etc. The facility is sided in vinyl. The yard is landscaped with sod installed in front and back.

The facility is constructed primarily on a cement sealed and lighted crawl space connecting to the basement via an access door at the rear of the facility. The basement contains the facility heat plant, air conditioning system, hot water heater, and sprinkler reservoir tank.

The front entrance opens to an open floor design with a large sitting area measuring 23' X 20' (460 square feet) in front of the kitchen. The kitchen is designed as fully accommodating those persons who are confined to a wheelchair. The kitchen contains all new appliances including 2 wall ovens, microwave, and an automatic dishwasher.

Behind the kitchen is the dining area measuring 24'4" X 19'11" (485 square feet). The combination dining area, kitchen, and living area have a common vaulted ceiling, except directly over the kitchen. The six resident bedrooms are located off this area, along with three full resident bathrooms, staff office, food pantry room, and a large day/television room measuring 14'10" X 14'8" (217 square feet).

A corridor off the main living area leads to the laundry room, staff ½ bathroom, entrance to the basement, physical therapy room measuring 190 square feet, and the 1 ½ car attached garage. The garage was specifically designed to accommodate large passenger vans.

The rear entrance/exit of the facility opens to a covered porch and a cement patio – all wheel chair accessible.

The facility is fully wheelchair accessible at both entrances and throughout the 1st floor.

The resident bedrooms are located and measure as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
Bedroom #1	11'10" X 14'10"	175 sq. ft.	1
Bedroom #2	11'10" X 14'10"	175 sq. ft.	1
Bedroom #3	15' X 11'11"	179 sq. ft.	1
Bedroom #4	12' X 14'11"	180 sq. ft.	1
Bedroom #5	15' X 11'11"	179 sq. ft.	1
Bedroom #6	11'10" X 14'10"	175 sq. ft.	1

Medications are stored in locking kitchen cabinets.

2. Sanitation:

The facility is served by both public water and sewage systems.

Garbage service is provided weekly by the Waste Management Corporation.

The washer and dryer/laundry facilities are located in a laundry room off the south side of the dining area.

3. Fire Safety:

The facility is heated via a natural gas-fired high efficiency boiler with radiant floor heating throughout the facility. It is located in the basement along with the boiler assisted hot water heater. The two air conditioning systems for the facility are located in the basement.

The facility is protected throughout via an interconnected, hard-wired smoke detection system with battery back-up and a sprinkler system.

An electric built-in fireplace is located in the main living area/room.

The facility also has an installed stand-alone back up generator in case of power outages.

B. Program Description

1. Administrative structure and capability:

The applicant is a Michigan for-profit corporation. According to the certificate of incorporation, it was established on October 9, 1986, and it was assigned a corporation number (#216311) by the State of Michigan. The original incorporators listed in the Articles of Incorporation were William Marks, John Svendsen, Roger Bird, and Harold Wilson. The present C.E.O. of the corporation is Barbara Wilson. The licensee designee and administrator for all licensed adult foster care facilities for this corporation is Sean Youngren, as appointed by the board of directors of the corporation. The true name of the corporation is Rainbow Rehabilitation Centers, Inc. The “assumed name” of the corporation is Rainbow Tree Center as delineated in the Certificate of Assumed Name retained in the licensing corporate record.

According to Department records, the applicant currently has approximately 23 other adult foster care licensed facilities operating in Wayne, Washtenaw, and Oakland Counties. Corporation records describe the general nature and type of business Rainbow operates as “residential and rehabilitation services for individuals with traumatic brain injuries.”

The applicant submitted a budget for this facility and additional corporate financial statements. Based upon those documents and the history of this corporation, the applicant was determined financially capable and stable.

2. Qualifications and competencies:

A criminal background check was conducted on the licensee designee via the Michigan State Police database. Direct care employees will be assessed via the long term care workforce background checks utilizing employee fingerprints.

Sean Youngren has been the licensee designee for this corporation for a number of years. He has completed all training requirements, and he continues to complete a minimum of 16 hours of annual training. He originally began with this organization as a direct care worker. He has submitted a recently completed physical examination clearance and verification of TB testing.

3. Program Information:

The facility will admit persons diagnosed with a traumatic brain injury. Specific to this facility, residents will most likely be admitted from a rehabilitation program subsequent to hospitalization for the original brain injury. Residents of this facility will most likely be medically fragile and confined to a wheel chair; however, the population may vary by age or level of impairment relative to the demands for admission.

The facility will provide personal care, supervision, and protection, in addition to room and board. Additionally, the applicant will provide specialized rehabilitation services including nursing, physical therapy, occupational therapy, employment services, and case management. These services are primarily provided at the corporation's central, main office location in Ypsilanti.

An admission policy and program statement specific to this facility were submitted with the application packet.

Residents are transported from the facility to another location in the area for programs and therapies under the Rainbow Rehabilitation umbrella. Transportation is also provided for needed medical services, which are available in the community. Transportation is provided in vehicles operated by the licensee.

The proposed staffing pattern was established by the licensee as a minimum of 2 staff to six residents, depending upon individual resident care needs.

Emergency medical services will be provided by local hospitals and ambulance services.

4. Facility and employee records:

The applicant has previously submitted copies of personnel policies, job descriptions, and standard procedures, which are retained in the corporation licensing record. Resident records will be retained in the facility, and employee records will be stored at the corporation's main office. Much of the corporation's resident and employee records are also stored in computerized files, accessible by computer from each of the individual facilities.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. Those resident rights will be reviewed with each individual resident and/or designated representative.

6: Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to six male or female adults who are physically handicapped and/or suffering from a traumatic brain injury.

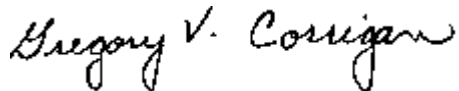


October 6, 2010

Chuck Wisman
Licensing Consultant

Date

Approved By:



October 6, 2010

Gregory V. Corrigan
Area Manager

Date