



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 11, 2013

Amy Heinrich
CBI Rehabilitation Services, Inc.
3446 E. Lake Lansing Rd.
East Lansing, MI 48823

RE: Application #: AS330337346
Belmonte Circle
606 Belmonte Circle
East Lansing, MI 48823

Dear Ms.Heinrich:

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 4 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 (517) 241-2585.

Sincerely,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5637

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330337346
Applicant Name:	CBI Rehabilitation Services, Inc.
Applicant Address:	3446 E. Lake Lansing Rd. East Lansing, MI 48823
Applicant Telephone #:	(517) 349-6975
Licensee Designee:	Amy Heinrich
Administrator:	Christina Larson
Name of Facility:	Belmonte Circle
Facility Address:	606 Belmonte Circle East Lansing, MI 48823
Facility Telephone #:	(517) 349-6975
Application Date:	10/29/2012
Capacity:	4
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/29/2012	Enrollment
10/31/2012	Contact - Document Sent Rules & Act booklets
10/31/2012	Application Incomplete Letter Sent Rec CL's & FP's for Amy H & Christina L
11/13/2012	Contact - Document Received Rec CL's & FP's for Amy H & Christina L
11/14/2012	Application Complete/On-site Needed
12/28/2012	Application Incomplete Letter Sent
01/24/2013	Inspection Completed On-site
02/12/2013	Inspection Completed On-site
02/12/2013	Inspection Completed-BCAL Full Compliance
03/05/2013	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story brick dwelling located in a residential neighborhood in East Lansing in Ingham County. The facility has a common living area, dining area, kitchen, and rec room. There are four resident bedrooms and three full bathrooms and one half bathroom.

The furnace and hot water heater are located in the basement of the home. The basement has a fire rated door that is equipped with automatic, self - closing and positive latching hardware.

The facility is equipped with an interconnected hard-wired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in all sleeping areas, dining room/kitchen, and living areas. The facility is equipped with fire extinguishers which are located in the basement and kitchen areas. The facility utilizes city water supply and sewer system.

Resident bedrooms and living areas were measured during the on-sit inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	13'10" x 10'11"	132.44	1 Resident
Bedroom # 2	10' x 13'4"	134.00	1 Resident
Bedroom # 3	11'1" x 12'8"	142.08	1 Resident
Bedroom # 4	16'8" x 12'	201.6	1 Resident
Living Room	21'10" x 13'8"	291.18	
Rec Room	17'4' x 14'4"	250.56	

The living room and rec room measures a total of 541.74 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate four (4) residents.

B. Program Description

The facility will provide 24 hour supervision, protection and personal care for four (4) male or female residents. The facility will accept residents who have traumatic brain injuries. The program will provide training in the areas of social behaviors, self-care, domestic living skills, and communication. The staff will use a structured data-based approach in implementing individualized programs designed to meet the objectives established in each resident's individualized plan of care. The staff will receive extensive training on working with residents with traumatic brain injuries. The staff will coordinate with medical professionals and other treating personnel in the on-going care of residents admitted into the facility.

In addition to the above program elements, it is the intent of the applicant to provide transportation and to utilize local community resources for recreational and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is CBI Rehabilitation Services, Inc. which is a Domestic Profit Corporation that was established 08/30/2007. The applicant has submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of CBI Rehabilitation Services, Inc. has submitted documentation appointing Amy Heinrich as licensee designee and Christina Larson as administrator for this facility. A criminal history check was completed on 11/13/2012 for Amy Heinrich and no criminal convictions were found. Ms. Heinrich submitted a medical

clearance dated 7/6/2012 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current Tb test was also obtained for Ms. Heinrich. A criminal history check was completed on 11/13/2012 for Christina Larson and no criminal convictions were found. Ms. Larson submitted a medical clearance dated 10/22/2012 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current TB test was also obtained for Ms. Larson.

Ms. Heinrich provided documentation that she has 13 years of experience working with traumatically brain-injured adults. Ms. Heinrich earned her Bachelor's Degree from Michigan State University and a Master in Social Work at the University of Michigan and she is a Licensed Master Social Worker. Ms. Heinrich has been provided with CPR/First Aid training as a requirement of her employment with CBI Rehabilitation Services.

Ms. Larson provided documentation that she has three years of experience working with traumatically brain-injured adults as a behavioral aide with CBI Rehabilitation Services, Inc. Ms. Larson earned her Bachelor's degree in psychology from the University of Phoenix. Ms. Larson has been provided with CPR/First Aid training as a requirement of her employment with CBI Rehabilitation Services.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. The applicant acknowledges 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 acknowledged and 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 acknowledges the requirement for obtaining criminal history checks of employees and contractors who have regular ongoing contact "direct access" to residents or resident information or both.

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 or licensee designee will administer medications 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 or 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, 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 care 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 residents file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2399 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 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 physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home facility with a capacity of four (4) residents.

Andrea L. Green

3/11/2013

Andrea Green
Licensing Consultant

Date

Approved By:

Betsy Montgomery

3/11/2013

Betsy Montgomery
Area Manager

Date