



RICK SNYDER  
GOVERNOR

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



NICK LYON  
INTERIM DIRECTOR

March 26, 2015

Nina Lang  
TBI Residential Rehab, LLC  
24750 Swanson Rd  
Southfield, MI 48033

RE: Application #: AS630370140  
TBI Residential Rehab, LLC  
63 Waltonshire Ct.  
Rochester Hills, MI 48309

Dear Mrs. Lang:

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 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 (248) 975-5053.

Sincerely,

Roeiah Epps, Licensing Consultant  
Bureau of Children and Adult Licensing  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630370140

**Licensee Name:** TBI Residential Rehab, LLC

**Licensee Address:** 24750 Swanson Rd  
Southfield, MI 48033

**Licensee Telephone #:** (248) 361-1389

**Licensee Designee:** Nina Lang

**Name of Facility:** TBI Residential Rehab, LLC

**Facility Address:** 63 Waltonshire Ct.  
Rochester Hills, MI 48309

**Facility Telephone #:** (248) 732-7807

**Application Date:** 12/17/2014

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/13/2014	Contact - Document Sent email to licensee about onsite scheduling.
12/17/2014	On-Line Enrollment
01/05/2015	Application Complete/On-site Needed
01/05/2015	File Transferred To Field Office Pontiac.
01/05/2015	Contact - Document Sent Act & Rules.
01/08/2015	Contact - Document Received Licensing file received from Central Office 1/8/15
01/29/2015	Application Incomplete Letter Sent
02/13/2015	Contact - Document Received Email from Ms. Lang's attorney
02/17/2015	Contact - Document Sent Email to Mrs. Lang regarding onsite inspection
02/24/2015	Contact - Face to Face Mrs. Lang and her attorneys (Dickson Wright, LLC)
03/06/2015	Inspection Completed-BCAL Sub. Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in a suburban community of Rochester Hills, on Waltonshire Court, east of the I-75 freeway. The facility is a large brick and aluminum-sided home on a residential lot. The home has a newly paved driveway with a two car attached garage. The living and dining space in the home contains 650 sq. ft. of activity space. This is adequate for the proposed number of occupants. The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is not wheelchair accessible.

The bedroom space is as follows:

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom #1	18'7" x 25'1"	468 sq. ft.	2
Bedroom #2	16'6" x 15'4"	256 sq. ft.	1
Bedroom #3	13" x 11'42"	150 sq. ft.	1
Bedroom #4	17'7" x 12'8"	226 sq. ft.	2

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory residents whose diagnosis is traumatic brain injured. The program will include social interaction, rehabilitation, personal hygiene care and transportation.

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

The applicant is TBI Residential Rehab, which is a "Limited Liability Corporation" established in Michigan on 8/15/2013. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with a projected budget.

The Board of Directors of TBI Residential Rehab, LLC has submitted documentation appointing Nina Lang as licensee designee and Victoria Komendera as administrator of the facility.

A licensing record clearance was completed and the licensee designee and administrator are of good moral character. The licensee designee and administrator submitted physician statement documents for themselves documenting their good health and current TB test with negative results.

The licensee designee and administrator provided verification of their education and years of experience working with traumatic brain injured adults. The licensee has more than 15 years of experience as a public guardian and rehabilitation provider to residents with traumatic brain injuries. The administrator has 11 years of experience providing direct care services to residents with traumatic brain injuries. The licensee designee and administrator also supplied verification of the necessary hours for training.

The licensee designee and administrator acknowledged it is their responsibility to assess the good moral character of employees and those who will have ongoing, regular and direct contact with the residents. The licensee designee and administrator were also instructed about background check requirements. The licensee designee and administrator were provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care

Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions (formerly Identix ® ), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledged and understands the administrative rules regarding medication procedures. In addition, she indicated that resident medication will be stored in a locked cabinet. A daily medication log will be maintained.

The licensee designee understands the administrative rules regarding informing each resident of their rights and providing a copy of those rights to them. The licensee designee acknowledged awareness of the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee also understands the administrative rules regarding discharge and procedural requirements for issuing written discharge notices.

The licensee designee understands the administrative rules regarding written and verbal reporting of accidents and incidents and the responsibility to conduct timely investigations of the cause. The licensee designee has indicated that it is her intention to maintain compliance with this requirement.

The licensee designee and administrator acknowledged it is their responsibility to maintain required resident records.

The licensee designee was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**III. RECOMMENDATION**

I recommend issuance of a temporary small group adult foster care license with a capacity of six residents.



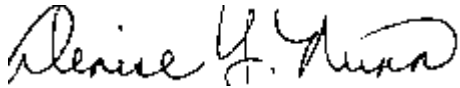
3/26/15

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Roeiah Epps  
Licensing Consultant

Date

Approved By:



03/26/2015

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Denise Y. Nunn  
Area Manager

Date