



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

March 30, 2016

Tamara Hannah
Univ. Rehabilitation Alliance Inc
3181 Sandhill Road
Mason, MI 48854

RE: Application #: AS330379000
Origami Brain Injury Rehab Ctr
3181 Sandhill Road
Mason, MI 48854

Dear Mrs. Hannah:

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 (517) 284-9720.

Sincerely,

A handwritten signature in dark ink that reads "Dawn Timm".

Dawn N. Timm, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330379000
Applicant Name:	Univ. Rehabilitation Alliance Inc
Applicant Address:	3181 Sandhill Road Mason, MI 48854
Applicant Telephone #:	(517) 336-6060
Licensee Designee:	Tamara Hannah
Administrator:	Tom Judd
Name of Facility:	Origami Brain Injury Rehab Center
Facility Address:	3181 Sandhill Road Mason, MI 48854
Facility Telephone #:	(517) 336-6060
Application Date:	06/08/2015
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/08/2015	Enrollment Online enrollment
08/13/2015	Inspection Report Requested - Health Inv. #1024662
08/14/2015	Contact - Document Sent Rules & Act booklets
09/02/2015	Application Incomplete Letter Sent
03/08/2016	Contact - Telephone call received from Tom Judd. scheduled time for 3/17@ 130 to inspect the property.
03/17/2016	Inspection Completed On-site
03/17/2016	Inspection Completed-BCAL Sub. Compliance
03/22/2016	Contact - Document Received Documents received
03/29/2016	Contact - Document Received
03/29/2016	Inspection Completed-BCAL Full Compliance
03/29/2016	PSOR on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Origami Brain Injury Rehabilitation Center is a single story, ranch style facility located on 35 acres of wooded grounds in the small town of Mason, Michigan. However, the facility itself is located out in the country and closely borders the cities of Lansing and East Lansing, Michigan, as well as its postal address of Mason, Michigan. The facility is one of services provided within the Origami campus' continuum of care model. According to the Origami Brain Injury Rehabilitation Center website, "Origami is fortunate to have two exceptional partners, Michigan State University College of Osteopathic Medicine and Peckham, Inc. The Department of Physical Medicine and Rehabilitation within MSU's College of Osteopathic Medicine provides Origami with expertise in clinical management and on-site physician coverage." Peckham, Inc.

provides job training and competitive employment opportunities for persons with disabilities.

The facility is newly constructed and has six private apartment style resident bedrooms each equipped with their own, bedroom, full bathroom and small kitchenette. The facility also has a large living area, dining area, open kitchen, large pantry, multiple storage rooms, staff office, additional bathroom, laundry area, and small sun room for residents and/or their families and friends to enjoy while visiting. The entire facility is at grade, so all exits/entrances are wheelchair accessible as are all doorways, hallways, common areas, and resident bedrooms. The facility utilizes a public water and public sewage disposal system.

The natural gas furnace is located in the furnace room which is equipped with a 1-3/4 inch fire-rated metal door with an automatic self-closing device and positive latching hardware. The facility utilizes an “on-demand”, tankless hot water heating system, so there is no physical hot water heater in the facility.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, near all flame- or heat-producing equipment and is fully sprinkled. Final approval of the building was granted on 03/28/2016 by the Michigan Department of Licensing and Regulatory Affairs Building and Constructions Codes.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	9'6" x 12'7" + 15'0" x 10'4"	274 square feet	One resident
Two	9'6" x 12'7" + 15'0" x 10'4"	274 square feet	One resident
Three	9'6" x 12'7" + 15'0" x 10'4"	274 square feet	One resident
Four	9'6" x 12'7" + 15'0" x 10'4"	274 square feet	One resident
Five	9'6" x 12'7" + 15'0" x 10'4"	274 square feet	One resident
Six	9'6" x 12'7" + 15'0" x 10'4"	274 square feet	One resident

Sun room	11'2" x 18'6"	206.6 square feet	
Living Area	24'6" x 27'6"	673.75 square feet	
Dining Area	27'6" x 20'0"	550 square feet	

The indoor living and dining areas measure a total of 1429.75 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are traumatically brain-injured. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept residents with private sources for payment and possibly the Veterans Administration.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools, local university, local libraries, local museums, shopping centers, churches, community markets, concerts etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is University Rehabilitation Alliance, Inc., which is a "Non Profit Corporation", established in Michigan on 03/07/1994. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of University Rehabilitation Alliance Inc. has submitted documentation appointing Tamara Hannah as licensee designee for this facility and Tom Judd as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster

care. Tamara Hannah and administrator Tom Judd submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Licensee designee Tamara Hannah and administrator Tom Judd have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. In addition, Tamara Hannah has a Bachelor's Degree in Occupational Therapy, specialization in cognitive perception motor retraining, and two years of coursework completed in nursing home administrator training from Michigan State University. Mrs. Hannah has been working with individuals with traumatic brain injury since 2004 providing direct care and services as well as acting as the administrator and licensee designee in another licensed AFC facility specializing in providing care to individuals with traumatic brain injuries also located on this campus. Mrs. Hannah is also trained as a Certified Brain Injury Specialist. Mr. Judd has also worked in the same licensed AFC facility on the campus providing direct care and services to individuals with traumatic brain injuries since 2007 and has his Master's Degree in Social Work. Mr. Judd is also a Certified Brain Injury Specialist. Based on his experiences in the currently licensed AFC facility, he is familiar with the AFC rules and required paperwork for residents and staff members.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff for six residents per shift during waking hours and one staff that is awake during sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to resident need.

The applicant acknowledged an 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 record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

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 designee will administer medication 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 acknowledge the responsibility to obtain the required 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 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 resident's 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-2319* 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 resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

II. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of six residents.

Betsy Montgomery

Dawn Timm

03/30/2016

Dawn N. Timm
Licensing Consultant

Date

Approved By:

Betsy Montgomery

3/31/16

Betsy Montgomery
Area Manager

Date