



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 14, 2020

Kimberlee Waddell
Rainbow Rehabilitation Centers
17187 N. Laurel Park Dr., Suite 160
Livonia, MI 48152

RE: License #: AS810087390
Crane
7171 Crane Road
Ypsilanti, MI 48197

Dear Ms. Waddell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The regular license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
VIRTUAL RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AS810087390

Licensee Name: Rainbow Rehabilitation Centers

Licensee Address: Suite 160
17187 N. Laurel Park Dr.
Livonia, MI 48152

Licensee Telephone #: (734) 482-1200

Licensee/Licensee Designee: Kimberlee Waddell

Administrator: Kimberlee Waddell

Name of Facility: Crane

Facility Address: 7171 Crane Road
Ypsilanti, MI 48197

Facility Telephone #: (734) 528-7320

Original Issuance Date: 08/11/1999

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Virtual Renewal Inspection Completed
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
No meals prepared/served during renewal inspection.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
Virtual Renewal Inspection Completed.
- Incident report follow-up? Yes No If no, explain.
No follow-up needed.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



Vanita C. Bouldin
Licensing Consultant

Date: 05/14/2020