



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 28, 2021

Angela Joquico  
Resilire Neurorehabilitation, LLC  
Suite 2  
16880 Middlebelt Road  
Livonia, MI 48154

RE: Application #: AS630407488  
**Royal Oak**  
**2017 Rochester Rd.**  
**Royal Oak, MI 48073**

Dear Ms. Joquico:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630407488
<b>Applicant Name:</b>	Resilire Neurorehabilitation, LLC
<b>Applicant Address:</b>	7200 Challis Rd. Brighton, MI 48116
<b>Applicant Telephone #:</b>	(810) 227-0119
<b>Licensee Designee:</b>	Angela Joquico
<b>Administrator:</b>	Geoffrey Rantala
<b>Name of Facility:</b>	Royal Oak
<b>Facility Address:</b>	2017 Rochester Rd. Royal Oak, MI 48073
<b>Facility Telephone #:</b>	(248) 546-4810
<b>Application Date:</b>	03/01/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/01/2021	Enrollment Online enrollment
03/01/2021	Contact - Document Received App; IRS ltr; 1326 for Angie (LD); AFC100 for Geoff (Admin)
03/23/2021	Contact - Document Received Licensing file received from Central office
04/08/2021	Application Incomplete Letter Sent
04/20/2021	Contact - Document Received Received documentation
04/27/2021	Contact - Document Received Received documentation
04/27/2021	Inspection Completed On-site
04/29/2021	Contact - Document Received Received documentation
04/29/2021	Application Complete/On-site Needed
04/29/2021	Inspection Completed-BCAL Full Compliance Inspection took place on 04/27/2021
05/27/2021	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility is a one-level ranch home located in the city of Royal Oak. The facility consists of six resident bedrooms, a kitchen, dining room, three full bathrooms, four supply rooms, a staff office, pool table room, media room, and library. There is also a staff bathroom and a laundry room off the kitchen. The facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage disposal systems.

There are two gas furnaces and hot water heaters in this facility located on the main floor in separate rooms constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'X11'	143	1
2	12'X11'6"	138	1
3	9'6"X14'	133	1
4	9'6"X10'	95	1
5	10'X11'	110	1
6	10'11'	110	1

**Total: 6**

The living, dining, and sitting room areas is more than 850 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Oakland County-DHHS or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is Resilire Neurorehabilitation, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 04/24/20. 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 members of Resilire Neurorehabilitation, LLC have submitted documentation appointing Angela Joquico as Licensee Designee for this facility and Geoffrey Rantala as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Joquico and Mr. Rantala. Ms. Joquico and Mr. Rantala submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Joquico and Mr. Rantala have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Joquico and Mr. Rantala served as licensee designee and administrator of Royal Oak (AS630358589), respectively, since 07/31/2014. The population served was traumatically brain injured.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Ms. Joquico acknowledged that the staff –to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Ms. Joquico has indicated that direct care staff will be awake during sleeping hours.

Ms. Joquico acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff–to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Joquico 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.

Ms. Joquico acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant 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)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Joquico acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, can administer medication to residents. In addition, Ms. Joquico 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.

Ms. Joquico acknowledged her 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, Ms. Joquico acknowledged her 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.

Ms. Joquico acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Joquico acknowledged her 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.

Ms. Joquico acknowledged her 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.

Ms. Joquico acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Joquico 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.

Ms. Joquico acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Joquico indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Joquico acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Ms. Joquico has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Joquico acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

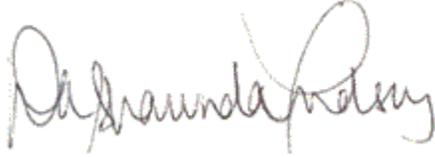
Ms. Joquico acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Resilire Neurorehabilitation, LLC was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**VI. RECOMMENDATION:**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).



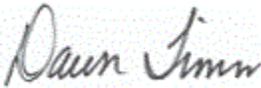
05/27/2021

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



05/28/2021

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Dawn Timm  
Area Manager

Date