



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2021

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

RE: Application #: AS630407490
Trevino Home
1192 Trevino Drive
Troy, MI 48085

Dear Ms. Joquico:

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,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630407490
Applicant Name:	Resilire Neurorehabilitation, LLC
Applicant Address:	7200 Challis Rd. Brighton, MI 48116
Applicant Telephone #:	(810) 227-0119
Administrator/Licensee Designee:	Angela Joquico
Name of Facility:	Trevino Home
Facility Address:	1192 Trevino Drive Troy, MI 48085
Facility Telephone #:	(248) 879-4542
Application Date:	03/01/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/01/2021	Enrollment Online enrollment
03/01/2021	Contact - Document Received App; IRS; 1326 for Angie (LD); AFC100 for Geoff (Admin)
03/03/2021	Application Incomplete Letter Sent A copy of the checklist was sent to the applicant.
03/23/2021	Contact - Document Received Licensing file received from Central office
04/20/2021	Contact-Document Received The Resilire corporate file was made available on SharePoint.
04/26/2021	Contact-Document Received I received additional documents from the applicant.
04/29/2021	Contact-Document Received I received additional documents from the applicant.
05/17/2021	Contact-Document Received I received corrections to documents from the applicant.
05/26/2021	Inspection Completed On-site
05/26/2021	Application Complete/On-site Needed
05/27/2021	Application Incomplete Letter Sent A confirming letter was sent to the applicant via email.
06/22/2021	Contact-Document Received I received confirmation from the licensee designee, Angie Joquico that the needed repairs were completed.
06/22/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Troy, MI. There are five bedrooms, two full bathrooms, and one-half bathroom. The half bathroom contains the washer and dryer. The main level consists of an employee office, kitchen, living room, den area, and all five resident's bedrooms. The kitchen area is an open space that also consist of a

dining room table. The home has two approved separate and independent means of egress with non-locking against egress hardware. This facility is wheelchair accessible. There is a wraparound ramp located at the main entrance of the facility. There is also a wheelchair ramp located in the backyard which is connected to the second means of egress. There is parking available in the driveway. The facility has city water and sewage.

The furnace and the water heater are located in the basement. The basement will not be used for resident activities. The basement door is a solid core door equipped with an automatic self-closing device along with positive latching hardware. The facility is equipped with interconnected hardwire smoke detection system. There are fire extinguishers located near the kitchen, in the basement, and in the hallway near the resident's bedrooms.

The refrigerator and freezer are equipped with thermometers. There is a medication desk area located in the hallway near the residents' bedrooms. The medications are locked in cabinets. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, and closet. The bathrooms are equipped with non-locking against egress hardware. The bedrooms doors do not have any locks. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.58 x 11.92	149.95	2
2	9.92 x 9.5	94.24	1
3	10 x 9.5	95	1
4	10 x 9.5	95	1
5	9.25 x 10.83	100.17	1

Total Capacity: 6

The living room and den area measure a total of 429.99 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Trevino Home will provide 24-hour supervision, protection, and personal care to six female and/or male residents. Trevino Home will provide services tailored to the physically handicapped, and traumatically brain injured.

Trevino Home will strive to enhance quality of life and participation in meaningful life roles through an interdisciplinary team approach. All evaluations consider activity limitations, participation restrictions, and functional performance to ensure a whole person approach to therapy treatment. Services focus on the unique medical, physical, cognitive, communication, psychosocial, cultural, behavioral, vocational, educational, accessibility and leisure needs of persons with neurological impairments. Services are delivered with intent to achieve functional progress, prevent deterioration of abilities, promote productive activities and support quality of life.

The home environment, activities, and events are adapted and accommodations are made to fit the cultural, behavioral, psychological, and participatory needs of each resident. Activity limitations and participatory restriction recommendations are based on input from physician and interdisciplinary team assessments.

C. Applicant and Administrator Qualifications

The licensee for the home is Resilire Neurorehabilitation, LLC. The home is owned by ST Real Estate Holdings LLC. I received a letter from Joseph C. Richert, who is an authorized agent, granting permission for Resilire Neurorehabilitation to occupy this facility. The letter also provided authorization for the home to be inspected and licensed as an adult foster care facility.

Ms. Angie Joquico will act as the licensee designee. Mr. Geoffrey Rantala will act as the administrator. Trevino Home submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Angie Joquico and Mr. Rantala. Angie Joquico and Mr. Rantala submitted a medical clearance request with statements from a physician documenting their good health and current TB negative test results.

Angie Joquico and Mr. Rantala have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Angie Joquico and Ms. Johnson are trained in first aid, CPR, safety and fire prevention, and prevention and containment of communicable diseases.

Ms. Joquico has been employed by Resilire Neurorehabilitation since December 27, 2020 as the Director of residential services. Ms. Joquico was previously employed with Special Tree LTD. from July 12, 1999 until December 26, 2020. Ms. Joquico was the Associate Director of residential services since November 5, 2017. Ms. Joquico experience meets the qualifications for foster care, financial and administrative management, resident rights, foster care, nutrition, and knowledge of the needs of the population to be served.

Mr. Rantala has been employed by Resilire Neurorehabilitation since December 27, 2020 as the Director of residential services. Mr. Rantala was previously employed with Special Tree LTD. from March 24, 1988 until December 26, 2020 as the Director of residential services since October 1, 2000. Mr. Rantala experience meets the qualifications for foster care, financial and administrative management, resident rights, foster care, nutrition, and knowledge of the needs of the population to be served.

The staffing pattern for the original license of this six-bed facility is adequate and satisfies the requirements identified in the administrative group home rules.

Angie 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.

Angie Joquico acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Angie 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, Angie Joquico indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Angie Joquico acknowledged her responsibility to obtain all required 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, Angie Joquico acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Angie 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.

Angie Joquico acknowledged her 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. Angie Joquico also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Angie 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.

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

Angie 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. Angie Joquico indicated that it is her intent to achieve and maintain compliance with these requirements.

Angie 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. Angie Joquico 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.

Angie 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.

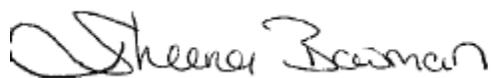
Angie Joquico acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Trevino Home was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6). The temporary license will be in effect for a six-month period. A licensing renewal will be conducted following the six-month period.

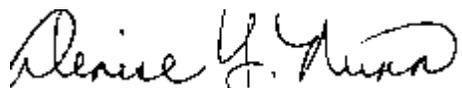


Sheena Bowman
Licensing Consultant

06/22/21

Date

Approved By:



06/23/2021

Denise Y. Nunn
Area Manager

Date