



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 17, 2021

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

RE: Application #: AS820407495  
**Williams House**  
**15098 McCann**  
**Southgate, MI 48195**

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820407495
<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>Administrator/Licensee Designee:</b>	Geoffrey Rantala/Angela Joquico
<b>Name of Facility:</b>	Williams House
<b>Facility Address:</b>	15098 McCann Southgate, MI 48195
<b>Facility Telephone #:</b>	(734) 285-7064
<b>Application Date:</b>	03/01/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/01/2021	Enrollment Online enrollment
03/01/2021	Contact - Document Received App; IRS letter; 1326 for Angela Joquico (Licensee Designee); AFC100 for Geoffrey Rantala (Administrator).
03/23/2021	Application Incomplete Letter Sent
04/19/2021	Application Complete/On-site Needed
05/11/2021	Inspection Completed On-site
05/11/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Williams House is located in the city of Southgate. The tan brick and white aluminum sided, ranch style home has 5 bedrooms, 2 ½ bathrooms a living, dining room and den. The home has a circular driveway that provides ample parking and a 2 car garage that is used for storage. The living, dining, and den areas measure a total of 569 square feet of living space. This exceeds the 35 square feet per resident requirement.

The home is also wheelchair accessible.

The home does not have a basement.

The furnace and hot water heater are located on the same floor as residents in a room that is constructed of material that has a 1-hour-fire-resistance rating. The door is a 60-minute fire rated door 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	10'11" x 11'1"	121 sq. ft.	1
2	11'1" x 10'9"	119 sq. ft.	1
3	10'7" x 13'.8"	145 sq. ft.	1
4	11' x 10'6"	115 sq. ft.	1
5	15'11" x 10'5"	166 sq. ft.	2

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 and female ambulatory and non-ambulatory adults whose diagnosis is traumatic brain injury and physically handicapped 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. Residents will be referred from insurers and private pay.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

The applicant is Resilire Neurorehabilitation, LLC, which is a Domestic Limited Liability company 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 Board of Directors of Resilire Neurorehabilitation, LLC has submitted documentation appointing Angela Joquico as Licensee Designee and Geoffrey Rantala as Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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. This may change based on the needs of the residents. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification 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 licensee designee 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)), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employee record to demonstrate compliance.

The licensee designee acknowledges 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, can 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 licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy

of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledges 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. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

The applicant/licensee designee 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).



\_\_\_\_\_  
Pandrea Robinson  
Licensing Consultant

06/17/21  
Date

Approved By:



\_\_\_\_\_  
Ardra Hunter  
Area Manager

06/17/21

Date