



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 1, 2021

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

RE: Application #: AS500407470  
**Chesley Drive**  
**2640 Chesley Drive**  
**Sterling Hts, MI 48310**

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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 514-9391

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500407470
<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>	Chesley Drive
<b>Facility Address:</b>	2640 Chesley Drive Sterling Hts, MI 48310
<b>Facility Telephone #:</b>	(586) 979-2740
<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 ltr; 1326 for Angie (LD); AFC100 for Geoff (Admin)
03/23/2021	Contact - Document Received Licensing file received from Central office
06/04/2021	Application Incomplete Letter Sent Sent via email
06/16/2021	Contact - Document Sent Email outlining documents still needed and requested phone call follow-up
06/30/2021	Application Complete/On-site Needed
07/01/2021	Inspection Completed On-site
07/01/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch style home located in the city of Sterling Heights, MI. The home has six resident bedrooms, two resident bathrooms, one kitchen and one laundry room located on the main floor. The main floor also includes two enclosed rooms, each containing one furnace and one hot water heater. Upon entering the front entry way, the living room, dining room, family room and kitchen are off the hallway entrance. The six resident bedrooms are located off of the front entryway, to the left. The living room, dining room and exercise room are in the center area of the facility. The laundry room is to the right of the kitchen area. The home is wheelchair accessible and has two approved means of egress that are equipped with ground level means of egress from the first floor. The home utilizes a public water supply and sewage disposal system.

There two furnaces and two hot water heaters are located on the main floor of the facility. The water heaters and furnaces utilize natural gas. The furnaces and hot water heaters are enclosed rooms that are constructed of material which has a 1-hour fire-resistance rating and the door is made of 1¾-inch solid core wood with an automatic self-closing device and positive-latching hardware.

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

have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 10	120	1
2	12 x 10	120	1
3	11' 8" x 9' 6"	99	1
4	11' 6" x 9' 6"	99	1
5	11' x 9' 6"	99	1
6	11' 6" x 9' 9"	99	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 654 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 6 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 6 male and/or female residents who are physically handicapped or traumatically brain-injured. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills as well as opportunities for involvement in educational, day programs, employment and transportation. The applicant intends to accept referrals from Macomb County DHS, Macomb CMH, Veterans Administration or residents with private sources for payment.

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 and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Resilire Neurorehabilitation, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 04/23/2020. Resilire Neurorehabilitation, L.L.C. 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, L.L.C. have submitted documentation appointing Angie Joquico as licensee designee for this facility and Geoffrey Rantala as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Joquico began working as a direct care worker in July 1999 and provided hands-on direct care to the adult foster care population for approximately four years before moving into managerial positions. Over the past 21 years, Ms. Joquico has work in the field of adult foster care as both a manager and licensee designee for various adult foster care facilities through the State of Michigan. Ms. Joquico has submitted training documents to confirm her knowledge and competency in adult foster care and the needs of the physically handicapped and TBI populations, CPR, first aid, fire safety, nutrition, resident rights, communicable diseases, and financial and administrative management. Mr. Rantala began working in the adult foster care field in 1988 as a direct care worker, providing supervision, personal care and protection to adult foster care residents. Over the last twelve years, Mr. Rantala has worked in various positions within the adult foster care field, providing both direct care to residents and administrative duties. Mr. Rantala currently is the Director of Residential Services for Resilire Neurorehabilitation, L.L.C. Mr. Rantala has submitted training documents to confirm his knowledge and competency in adult foster care and the needs of the physically handicapped and TBI populations, CPR, first aid, fire safety, nutrition, resident rights, communicable diseases and financial and administrative management.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Resilire Neurorehabilitation, L.L.C. 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 changes in their behavioral, physical, or medical needs. Resilire Neurorehabilitation, L.L.C. has indicated that direct care staff will be awake during sleeping hours.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the responsibility to assess the good moral character of employees. Resilire Neurorehabilitation, L.L.C.

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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Resilire Neurorehabilitation, L.L.C. 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, Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. 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, Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Resilire Neurorehabilitation, L.L.C. acknowledged 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.

Resilire Neurorehabilitation, L.L.C. 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.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Resilire Neurorehabilitation, L.L.C. 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 Resilire Neurorehabilitation, L.L.C.

Resilire Neurorehabilitation, L.L.C. acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and

