



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 30, 2021

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

RE: Application #:	AS730407486 River Ridge Residential Center 8295 North River Rd Freeland, MI 48623
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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 (517) 284-9730.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730407486
Applicant Name:	Resilire Neurorehabilitation, LLC
Applicant Address:	7200 Challis Rd. Brighton, MI 48116
Applicant Telephone #:	(810) 227-0119
Licensee Designee:	Angela Joquico, Licensee Designee
Administrator	Geoffrey Rantala
Name of Facility:	River Ridge Residential Center
Facility Address:	8295 North River Rd Freeland, MI 48623
Facility Telephone #:	(989) 695-6458
Application Date:	03/01/2021
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

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)
03/10/2021	Application Incomplete Letter Sent Via email
03/25/2021	Inspection Completed On-site
03/25/2021	Inspection Completed-BCAL Full Compliance
04/29/2021	Application Complete/On-site Needed
04/29/2021	Comment Resilire corporate file created on SharePoint.
04/29/2021	Contact - Document Received All documentation received from licensee designee
04/29/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

River Ridge Residential Center is located at 8295 North River Road in Freeland Michigan, Township of Tittabawassee. This facility is currently licensed as a small group home under license number AS730012957. The existing license was established by Special Tree Residential Centers, LTD. However, Special Tree Residential Centers, LTD has sold the facility to Resilire Neurorehabilitation, LLC. This LLC was established on 4/24/20 by resident agent, Joseph C. Richert. The home is owned by RT Real Estate Holdings LLC and it has public water and sewer.

This is a ranch-style home located on a large parcel of land, in a rural setting yet minutes away from the city of Freeland. It consists of six bedrooms, a laundry room, kitchen, dining room, living room, recreation area, staff office, and a fully enclosed sunroom. There is one ½ bathroom located off the laundry room, intended for visitors and staff. There are two full bathrooms with walk-in, handicapped accessible showers. Both full bathrooms have safety bars in the shower areas and near the toilets.

There are three independent means of egress, but only two of them are available for resident use. The first exit is located at the front of the facility and is equipped with a wheelchair ramp, leading to the driveway of the home. The second exit is located off the

sunroom and is equipped with a wheelchair ramp, leading to the side of the home. The third exit is located off a small foyer which leads to the garage. This exit is not considered an emergency exit since it is not equipped with a ramp. This facility is wheelchair accessible, and the ramps meet R 400.14509, Means of egress; wheelchairs.

The washer and dryer are separated from the living/dining room area by twin doors which are kept locked. The dryer is equipped with a solid metal vent. The licensee keeps all the facility's cleaning supplies in this area, away from the residents.

The two furnaces and one hot water heater are located in the basement. They were inspected on 02/17/21 by Absolute Heating & Cooling Inc. and deemed to be in safe working condition. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware which is located at the bottom of the stairs. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the facility.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12'9" x 12'	153	1
#2	11'4" x 11'	125	1
#3	11'4" x 12'	136	1
#4	11'4" x 12'	136	1
#5	11'6" x 10'9"	124	1
#6	14' x 10'9"	151	1

The living, dining, and recreation room areas measure a total of 947 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. All bedrooms are private rooms.

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 traumatically brain injured 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.

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 ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. 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. Licensee Designee and Administrator Qualifications

The applicant is Resilire Neurorehabilitation, LLC. This LLC was established on 4/24/20 by resident agent, Joseph C. Richert. 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 applicant has named Angela Joquico as the licensee designee and Geoffrey Rantala as the administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request 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. Staff will remain awake during the nighttime shift.

The applicant 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 applicant 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 Identigo website (www.identigo.com) by MorphoTrust USA and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The applicant 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 applicant 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 was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6.

Susan Hutchinson

April 29, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

April 30, 2021

Mary E Holton Area Manager	Date
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