



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 21, 2022

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

RE: License #: AM500407478  
**Middle Branch Residential Center**  
**45500 Romeo Plank Rd.**  
**Macomb Twp., MI 48044**

Dear Ms. Joquico:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM500407478
<b>Licensee Name:</b>	Resilire Neurorehabilitation, LLC
<b>Licensee Address:</b>	7200 Challis Rd. Brighton, MI 48116
<b>Licensee Telephone #:</b>	(734) 838-6021
<b>Licensee/Licensee Designee:</b>	Angela Joquico,
<b>Administrator:</b>	
<b>Name of Facility:</b>	Middle Branch Residential Center
<b>Facility Address:</b>	45500 Romeo Plank Rd. Macomb Twp., MI 48044
<b>Facility Telephone #:</b>	(586) 846-3747
<b>Original Issuance Date:</b>	06/03/2021
<b>Capacity:</b>	9
<b>Program Type:</b>	TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/15/2021

Date of Bureau of Fire Services Inspection if applicable: 03/01/21

Date of Health Authority Inspection if applicable: 05/18/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 8  
No. of others interviewed N/A Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



03/21/22

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Eric Johnson  
Licensing Consultant

Date