



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2022

Kimberlee Waddell
NRFI LLC
313 Congress St
Boston, MA 02210

RE: Application #: AS630412121
Shady Woods 2
28437 Shady Lane
Farmington Hills, MI 48336

Dear Ms. Waddell:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd - Suite 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630412121
Licensee Name:	NRMI LLC
Licensee Address:	313 Congress St Boston, MA 02210
Licensee Telephone #:	(617) 790-4800
Licensee Designee:	Kimberlee Waddell
Administrator:	Gregory Rostker
Name of Facility:	Shady Woods 2
Facility Address:	28437 Shady Lane Farmington Hills, MI 48336
Facility Telephone #:	(248) 306-0780
Application Date:	03/23/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/23/2022	On-Line Enrollment
04/06/2022	Contact - Document Received AFC 100
04/12/2022	Application Incomplete Letter Sent
05/20/2022	Contact - Document Received
05/20/2022	Application Complete/On-site Needed
05/23/2022	Inspection Completed On-site Onsite inspection at facility was conducted on 12/08/2021 (AS630407910) - Change of ownership
05/23/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Shady Woods 2 is located at 28437 Shady Lane in Farmington Hills, Michigan and is owned by HGW, LLC c/o Rainbow Rehabilitation Centers. Proof of ownership and permission to inspect/occupy is contained in the facility file.

Shady Woods 2 is a single-story ranch structure with a full basement and attached garage. The facility was designed specifically for the licensee to accommodate brain injured individuals who are confined to a wheelchair and medically fragile. The first floor of the home consists of a living room, dining room, kitchen, three bathrooms and six bedrooms. The rear entrance/exit of the facility opens to a covered porch and a cement patio – all wheel chair accessible. The facility is fully wheelchair accessible at both entrances and throughout the first floor.

The furnace and hot water heater are in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of stairs. The basement also contains the facility, air conditioning system, hot water heater, and sprinkler system reservoir. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is served by both public water and sewage systems.

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

Bedroom #	Dimensions	Total Square Footage	Total Resident Beds
1	12'5" x 15'4"	190	1
2	12'5" x 15'4"	190	1
3	12'5" x 15'4"	190	1
4	15'2" x 12'3"	186	1
5	15'2" x 12'10"	195	1
6	15'2" x 12'4"	187	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of 1162 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 or female adults whose diagnosis is physically handicapped or traumatically brain injured (TBI), 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 rehabilitative, social, behavioral, and 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 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 is NRMI, LLC, which is a "Foreign Limited Liability Company", was established in Delaware, on 2/01/2016. 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 NRMI, LLC has submitted documentation appointing Kimberlee Waddell as Licensee Designee for this facility and Gregory Rostker as the Administrator of the facility.

Criminal history background checks of Kim Waddell and Gregory Rostker were completed, and they were determined to be of good moral character to provide licensed adult foster care. Ms. Waddell and Mr. Rostker both submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Waddell and Mr. Rostker have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Waddell has been the licensee designee for 35 adult foster care facilities and Compliance and Regulatory Affairs Director at Resilient Life Care, LLC (formerly known as Rainbow Rehabilitation Centers) since 1995. Ms. Waddell earned a Bachelor of Science from Eastern Michigan University and maintains certifications as a brain injury specialist, behavior management instructor, CPR and First Aid instructor, as well as handle with care trainer.

Mr. Rostker has worked for Resilient Life Care, LLC (formerly known as Rainbow Rehabilitation Centers) since 1998. During his 24 years of employment with the company, Mr. Rostker has worked in various capacities caring for and managing persons with traumatic brain injuries. Mr. Rostker earned a MSA degree in Healthcare Administration from Central Michigan University and a bachelor's degree in Therapeutic Recreation from Wayne State University. He is also a certified therapeutic recreation specialist as well as a certified brain injury specialist.

The staffing pattern for the original license of this 4-bed facility is adequate and includes 3 staff for the day shift, 3 staff for the afternoon shift and 2 staff for the midnight shift. NRMI, LLC acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. NRMI has indicated that direct care staff will be awake during sleeping hours.

NRMI, LLC 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.

NRMI, LLC acknowledged an understanding of the responsibility to assess the good moral character of employees. NRMI, LLC acknowledge(s) 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) and the related documents required to demonstrate compliance.

NRMI, LLC 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 or licensee designee will 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.

NRMI, LLC 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, NRMI, LLC 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.

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

NRMI, LLC acknowledged the responsibility to obtain the required written assessment, 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.

NRMI, LLC acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

NRMI, LLC acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. NRMI, LLC acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

NRMI, LLC acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. NRMI, LLC indicated the intent to respect and safeguard these resident rights. NRMI, LLC acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

NRMI, LLC acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

NRMI, LLC acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. 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 small adult foster care group home with a capacity of six (6).

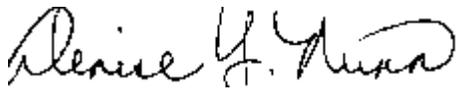


06/01/2022

Cindy Berry
Licensing Consultant

Date

Approved By:



06/01/2022

Denise Y. Nunn
Area Manager

Date