



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 21, 2022

Bianca Wilson  
Umbrellex Behavioral Health Services, LLC  
Suite 255  
13854 Lakeside Circle  
Sterling Heights, MI 48313

RE: License #: AS780411877  
**Umbrellex 5**  
**320 N. Saginaw St**  
**Owosso, MI 48867**

Dear Ms. Wilson:

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 and now a regular issue. Special Certification is also extended to a regular renewal. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn".

Candace Coburn, Licensing Consultant  
Bureau of Community and Health Systems  
[Coburnc3@michigan.gov](mailto:Coburnc3@michigan.gov)  
517-243-7590  
FAX: 517-753-0215

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

**I. IDENTIFYING INFORMATION**

**License #:** AS780411877

**Licensee Name:** Umbrellex Behavioral Health Services, LLC

**Licensee Address:** Suite 255  
13854 Lakeside Circle  
Sterling Heights, MI 48313

**Licensee Telephone #:** (586) 765-4342

**Licensee/Licensee Designee:** Bianca Wilson

**Administrator:** Bianca Wilson

**Name of Facility:** Umbrellex 5

**Facility Address:** 320 N. Saginaw St  
Owosso, MI 48867

**Facility Telephone #:** (586) 765-4342

**Original Issuance Date:** 03/24/2022

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/19/2022

Date of Bureau of Fire Services Inspection if applicable: 9/19/2022 by consultant

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Area manager and Home manager

- 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.  
Quality of care inspection
- 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.

### IV. RECOMMENDATION

Choose one:

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



9/21/2022

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Candace Coburn  
Licensing Consultant

Date