



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 29, 2022

Tyler Curtis
CBI Rehabilitation Services, Inc.
3446 E. Lake Lansing Rd.
East Lansing, MI 48823

RE: License #: AS230303623
Leland St. Home
325 Leland
Lansing, MI 48917

Dear Mr Curtis:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS230303623

Licensee Name: CBI Rehabilitation Services, Inc.

Licensee Address: 3446 E. Lake Lansing Rd.
East Lansing, MI 48823

Licensee Telephone #: (517) 349-6975

Licensee/Licensee Designee: Tyler Curtis, Designee

Administrator: Amy Heinrich

Name of Facility: Leland St. Home

Facility Address: 325 Leland
Lansing, MI 48917

Facility Telephone #: (517) 977-1798

Original Issuance Date: 11/12/2009

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/29/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Licensee Designee, Tyler Curtis

- Medication pass / simulated pass observed? Yes No If no, explain.
There are currently no residents in this AFC facility.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Medication records were reviewed, but there are currently no residents at this location and no medications to observe.
- 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.
Currently no residents at this location.
- 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

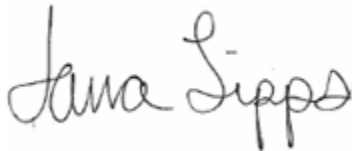
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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 regular license to this AFC adult small group home (capacity 1-6).



06/29/22

_____ Date

Jana Lipps
Licensing Consultant