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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 14, 2023

Angela Joquico Resilire Neurorehabilitation, LLC 7200 Challis Rd. Brighton, MI 48116

RE: License #: AS820407484

Parkway West 32680 West Rd

New Boston, MI 48164

Dear Ms. Joquico:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

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

### I. IDENTIFYING INFORMATION

**License #:** AS820407484

Licensee Name: Resilire Neurorehabilitation, LLC

**Licensee Address:** 7200 Challis Rd.

Brighton, MI 48116

**Licensee Telephone #:** (734) 239-1937

Licensee/Licensee Designee: Angela Joquico

**Administrator:** Geoffrey Rantala

Name of Facility: Parkway West

Facility Address: 32680 West Rd

New Boston, MI 48164

**Facility Telephone #:** (734) 348-7667

Original Issuance Date: 06/02/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	11/09/2	2023	
Date of Bureau of Fire Services Inspection if applicable:				
Date of Health Authority Inspection if applicable: 11/09/2023				
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		3 5	
•	Medication pass / simulated pass observed?	Yes 🗵	]No □ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Y	′es ⊠ 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.  Residents had eaten prior to inspection.  Fire drills reviewed? Yes No If no, explain.			
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.	
	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	•		
•	Incident report follow-up? Yes ⊠ No ☐ If i	no, expl	ain.	
	Corrective action plan compliance verified?  N/A ⊠  Number of excluded employees followed-up?		CAP date/s and rule/s:	
•	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.

This facility was found to be in non-compliance with the following rules:

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident A did not have a written health care appraisal completed and on file within the 90-day period before his admission into the home. Resident A was admitted on 05/20/22.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of inspection, Resident B did not have an annual assessment plan completed for 2022.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, Resident B did not have an annual resident care agreement completed and on file for 2022.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Pandrea Robinson Licensing Consultant 11/14/2023 Date