

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 8, 2024

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

RE: License #: AS500407470

Chesley Drive 2640 Chesley Drive Sterling Hts, MI 48310

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 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 (248) 975-5053.

Eric Johnson, Licensing Consultant Bureau of Community and Health Systems

Cadillac Place, Ste 9-100 3026 W Grand Blvd.

Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

| License #: | AS500407470 |
|--|-----------------------------------|
| | |
| Licensee Name: | Resilire Neurorehabilitation, LLC |
| I conservation of the cons | 7000 OL III's D. I |
| Licensee Address: | 7200 Challis Rd. |
| | Brighton, MI 48116 |
| Licensee Telephone #: | (734) 239-1937 |
| | |
| Licensee/Licensee Designee: | Angela Joquico |
| | |
| Administrator: | Angela Joquico |
| Name of Facility: | Chesley Drive |
| Name of Facility. | Chesiey Drive |
| Facility Address: | 2640 Chesley Drive |
| , | Sterling Hts, MI 48310 |
| | <u> </u> |
| Facility Telephone #: | (586) 979-2740 |
| | |
| Original Issuance Date: | 07/01/2021 |
| | |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED |
| | TRAUMATICALLY BRAIN INJURED |
| | |
| | |

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 01/30/2 | 024 |
|------|--|---------|---------------------------|
| Date | e of Bureau of Fire Services Inspection if appl | icable: | N/A |
| Date | e of Health Authority Inspection if applicable: | | N/A |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role: | | 3 4 |
| • | 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 re Yes No I If no, explain. Meal preparation / service observed? Yes | | |
| • | Fire drills reviewed? Yes ⊠ No ☐ If no, ex | xplain. | |
| • | 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 None needed Corrective action plan compliance verified? 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 found to be in non-compliance with the following rules:

| R 400.14312 | Resident medications. |
|-------------|--|
| | (2) Medication shall be given, taken, or applied pursuant to label instructions. |

During the onsite inspection on 01/30/24, I observed the Resident A's medication Pseudoephedrine 30 MG tablet was missing and not in the home.

During the onsite inspection on 01/30/24, I observed the Resident A's medication Ventolin HFA 90 mcg/actuation aerosol inhaler did not have a label or original packaging.

IV. RECOMMENDATION

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

Z/8/24

Eric Johnson Date Licensing Consultant