



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 25, 2024

Tamara Hannah  
Univ. Rehabilitation Alliance Inc  
3181 Sandhill Road  
Mason, MI 48854

RE: License #: AL330068918  
**Origami AFC**  
**3181 Sandhill Rd**  
**Mason, MI 48854**

Dear Tamara Hannah:

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 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 (517) 284-9730.

Sincerely,

*Mahtina Rubritius*

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AL330068918   |
| <b>Licensee Name:</b>              | Univ. Rehabilitation Alliance Inc                                       |
| <b>Licensee Address:</b>           | 3181 Sandhill Road<br>Mason, MI 48854                                   |
| <b>Licensee Telephone #:</b>       | (517) 336-6060  |
| <b>Licensee/Licensee Designee:</b> | Tamara Hannah   |
| <b>Administrator:</b>              | Jennifer Force  |
| <b>Name of Facility:</b>           | Origami AFC   |
| <b>Facility Address:</b>           | 3181 Sandhill Rd<br>Mason, MI 48854                                     |
| <b>Facility Telephone #:</b>       | (517) 336-6060  |
| <b>Original Issuance Date:</b>     | 04/15/1997  |
| <b>Capacity:</b>                   | 16  |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2024

Date of Bureau of Fire Services Inspection if applicable: 04/04/2024 & 04/05/2023

Date of Health Authority Inspection if applicable: 12/14/2023

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 7

No. of others interviewed 0 Role: [REDACTED]

- 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.  
Lunch was served during the on-site inspection; however, the meal was completed before the facility walk-through.
- 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.  
Incident Reports are no longer required to be submitted to LARA.
- 
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400. 15316(1)(a)(viii) 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 330.1803            Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**

**(a) Improve the score to at least the "slow" category.**

In an attempt to be in compliance with the rule, the licensee collected and maintained some assessment data on a spread sheet; however, the E-Score assessments were incomplete, and the evacuation difficulty scores had not been determined. In addition, the licensee did not document the dates the assessments were completed.

The E-Score assessment forms (from the Life Safety Code) shall be completed for each resident. In addition, the E-Score assessments shall be forwarded to the responsible agency, and a copy shall be maintained in the home for licensing review.

**R 400.15208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

At the time of the on-site inspection, there was no proof that two reference checks had been completed for Employee #1. The administrator submitted the second reference check on April 24, 2024.

**IV. RECOMMENDATION**

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

*Mahtina Rubritius*

4/25/2024

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Mahtina Rubritius  
Licensing Consultant

Date