



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2024

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:

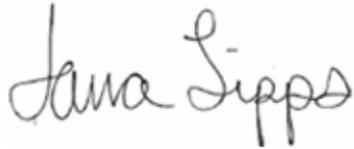
Attached is the Renewal Licensing Study Report for the facility referenced above. The quality of care violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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

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**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 Designee:	Tyler Curtis, Designee
Administrator:	Tyler Curtis
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): 07/09/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Meal preparation / service observed? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Fire drills reviewed? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Fire safety equipment and practices observed? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Water temperatures checked? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- Incident report follow-up? Yes No If no, explain. There have not been any residents in care for the duration of this two-year renewal.
- 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

The licensee designee has a current variance for Rule 315(3). I was not able to review the electronic funds tracking as there have not been any residents in care for the duration of the two-year renewal period.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

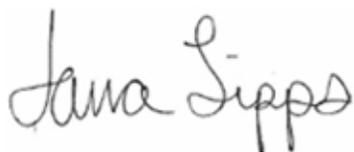
(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

I was unable to determine quality of care for this renewal period as there have not been any residents in care at the facility for the duration of the two-year renewal period.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

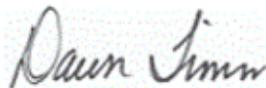


7/10/24

Jana Lipps
Licensing Consultant

Date

Approved:



07/10/2024

Dawn Timm
Area Manager

Date