



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 8, 2025

Bianca Wilson  
Umbrellex Behavioral Health Services, LLC  
13854 Lakeside Circle Ste  
Sterling Heights, MI 48313

RE: License #: AS380418713  
**Umbrellex 203**  
**621 Royal Drive**  
**Jackson, MI 49202**

Dear Bianca Wilson:

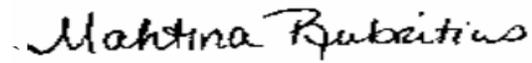
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "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**

**License #:** AS380418713

**Licensee Name:** Umbrellex Behavioral Health Services, LLC

**Licensee Address:** 13854 Lakeside Circle Ste  
Sterling Heights, MI 48313

**Licensee Telephone #:** (586) 765-4342

**Licensee/Licensee Designee:** Bianca Wilson

**Administrator:** Bianca Wilson

**Name of Facility:** Umbrellex 203

**Facility Address:** 621 Royal Drive  
Jackson, MI 49202

**Facility Telephone #:** (517) 435-4997

**Original Issuance Date:** 03/11/2025

**Capacity:** 3

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/08/2025

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

Date of Health Authority Inspection if applicable: 01/14/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

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.  
The on-site inspection was not concurrent with the mealtimes.
- 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:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

The applicant submitted a variance request for (R 400. 14409 (2)) - Bedroom #2, as the bedroom did not meet the minimum requirements of 80 sq. ft. for a single occupancy bedroom. The bedroom is 79 sq. ft. This variance was reviewed and approved, during the original licensing process.

### 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.**

- The facility operated as an unlicensed facility prior to license issuance on March 11, 2025. Resident A was admitted into the facility prior to license issuance. The E-Score assessments were not completed within 30-days of license issuance (admittance to the licensed facility).

**R 400.14310 Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

- The resident file was reviewed for Resident A. There were no weight records available for review during the months of April, May, and June of 2025.

### IV. RECOMMENDATION

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

*Mahtina Rubritius*

09/08/2025

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Mahtina Rubritius  
Licensing Consultant

Date

