



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 20, 2026

Bianca Wilson  
Umbrellex Behavioral Health Services, LLC  
335 Haggerty  
Walled Lake, MI 48390

RE: License #: AS780400203  
**Umbrellex 1**  
**1207 Devonshire CT**  
**Owosso, MI 48867**

Dear Ms. Wilson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

*Bridget Vermeesch*

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AS780400203

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

**Licensee Address:** Suite 255  
13854 Lakeside Circle  
Sterling Heights, MI 48313

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

**Licensee Designee/Administrator:** Bianca Wilson

**Name of Facility:** Umbrellex 1

**Facility Address:** 1207 Devonshire CT  
Owosso, MI 48867

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

**Original Issuance Date:** 10/07/2019

**Capacity:** 5

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

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2026

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

Date of Health Authority Inspection if applicable: 3/19/2026, BCHS Staff Inspection

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: Area Sup. & Facility Coord.

- 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.
- 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 2025A0584005, 2/24/25, 410 (5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and special certification, capacity of 5.

*Bridget Vermeesch*

03/20/2026

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Bridget Vermeesch  
Licensing Consultant

Date