GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 12, 2026

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

RE: License #: AS330379000
Origami Rehabilitation
3181 Sandhill Road
Mason, MI 48854

Dear Tamara Hannah:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

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

Enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS330379000
Licensee Name:	Univ. Rehabilitation Alliance Inc
Licensee Address:	3181 Sandhill Road Mason, MI 48854
Licensee Telephone #:	(517) 492-5601
Administrator/Licensee Designee:	Tamara Hannah, Designee
Name of Facility:	Origami Rehabilitation
Facility Address:	3181 Sandhill Road Mason, MI 48854
Facility Telephone #:	(517) 336-6060
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. Purpose of Addendum

The applicant has submitted a Special Certification Application to provide specialized programming in the facility and add the following program types: Mental Illness and Developmentally Disabled.

III. Methodology

On July 28, 2026, I received the *Certification of Specialized Programs Application for Certification*, which was signed by Tamara Hannah, Licensee Designee.

On July 30, 2026, a follow up email was sent regarding the Special Certification Application being received.

On August 11, 2026, an email was sent to Jennifer Force, Administrator, regarding additional information needed to complete the application process.

On September 11, 2026. I received the *Request for Modification of The Terms of The Registration/License* signed by Jennifer Force, Administrator, and the staff training/curriculum information.

On September 22, 2026, I conducted an on-site inspection at Origami Rehabilitation.

On September 28, 2026, I received a *Request for Modification of The Terms of The Registration/License* signed by, Tamara Hannah, Licensee Designee. The applicant requested to add Mentally Ill and Developmentally Disabled Specialized Program Types.

IV. Description of Findings and Conclusions

It should be noted that the applicant has previously submitted and been approved to provide specialized programming for individuals who have a diagnosis of mental illness and/or developmentally disabled.

A review of the file and the previously submitted information reflected that Tamara Hannah, Licensee Designee, and Jennifer Force, Administrator, both have the work history, education, training, and proof of at least one year of experience working with the populations requested; and they have met licensing requirements.

During this process, Jennifer Force, Administrator, provided documentation of her current trainings; and an updated program statement and scope of programs and services offered by Origami Rehabilitation. She also provided a copy of the training curriculum required by direct care workers working at Origami Rehabilitation, which also met the requirements of the specialized program types requested.

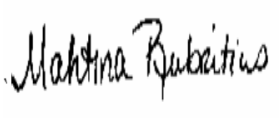
On September 22, 2026, an on-site investigation was completed, along with the renewal inspection; and it was noted that the entrances/exits were found to be at grade level, the

facility was observed to be wheelchair accessible, and the doors were equipped with automatic door openers. The facility has an open concept and design. The resident bedrooms, kitchen, and living areas are wheelchair accessible and are accommodative to individuals with special needs. The bedrooms were equipped with tiled, handicapped accessible shower areas, with nonslip flooring. The bathrooms were equipped with handrails. The proposed staffing pattern for this facility is adequate, as the applicant intends to provide 1:6 direct care worker to resident ratio, with a focus on resident safety and well-being.

During the course of this investigation, it was noted that Origami Rehabilitation has 29 years of experience providing adult foster care to people with disabilities. It was documented on the *Certification of Specialized Programs Application for Certification* that Origami Rehabilitation provides “24-hour support in a calming, home like environment with private suites.” Their program structure promotes self-sufficiency and rebuilds independent living skills based on an individual’s specific needs and care plan. The program also provides care coordination services to assist the residents with community access, external medical coordination, and a family support system contact.

V. Recommendation

It’s recommended that the Special Certification be issued to this facility to provide specialized programs to individuals diagnosed with Mental Illnesses and/or Developmental Disabilities.



10/12/2026

Mahtina Rubritius — Date
Licensing Consultant

Approved:



10/12/2026

Dawn Timm — Date
Area Manager