



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

April 6, 2009

Sean Youngren
Rainbow Rehabilitation Centers
P.O. Box 970230
Ypsilanti, MI 48197-0230

RE: Application #: AS810300339
Golfside II
3630 Golfside
Ypsilanti, MI 48197

Dear Mr. Youngren:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Chuck Wisman, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7548

cc: Adult Services, Washtenaw Co. DHS

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS810300339
Applicant Name:	Rainbow Rehabilitation Centers
Applicant Address:	5570 Whitaker Rd. Ypsilanti, MI 48197
Applicant Telephone #:	(734) 482-1200
Administrator/Licensee Designee:	Sean Youngren, Designee/Administrator
Name of Facility:	Golfside II
Facility Address:	3630 Golfside Ypsilanti, MI 48197
Facility Telephone #:	(734) 646-1603 01/28/2009
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows,

01/28/2009	Enrollment
02/19/2009	Application Incomplete Letter Sent
03/09/2009	Inspection Completed-BFS Sub. Compliance
03/09/2009	Contact - Document Received Documentation requested in application incomplete letter
03/27/2009	Contact - Document Received Requested documentation from confirming letter citations
04/01/2009	Application Complete/On-site Needed
04/01/2009	Contact – Telephone call made Requested updated physical examination report
04/06/2009	No Final On-site Inspection required. A written plan of correction received
04/06/2009	License issuance recommended

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description:

The facility is a ranch style home with an exterior constructed of brick and wood panel siding. The facility is ramped in front and back and the former garage was remodeled into resident bedrooms. A large deck is located at the rear of the facility and the back yard is protected by a tall privacy fence.

The front entrance opens to a corridor extending to the facility kitchen, dining area, and living areas with bedrooms located at both ends of the facility. The house contains a full basement. The facility contains three full bathrooms of which one will be a staff bathroom located off the entrance corridor. One other bathroom is located between Bedrooms #1 & #4. The last bathroom is located off the corridor to the south bedrooms, and this bathroom is fully wheel chair accessible.

The home's laundry facilities are located off the entrance. The living area of the facility consists of the dining area, a recreation room off the kitchen, and an additional living

area/room off the kitchen and recreation room. The total living area of these three rooms measures 814 square feet.

The facility contains a central air-conditioning system. Medications are stored in wall mounted locking cabinets in the dining area.

The resident bedrooms are located and measure as follows:

Northeast Corner Bedroom (#1):	10'10" X 11' = 119 sq. ft.	(1)*
Southeast Corner Bedroom (#2):	13'5" X 13'9" = 185 sq. ft.	(1)
South Bedroom (#3):	10'6" X 11'11" = 125 sq. ft.	(1)
North Bedroom (#4):	10'10" X 9' = 97 sq. ft.	(1)
West Bedroom (#5):	9'4" X 13' = 121 sq.ft.	(1)
Northwest Corner Bedroom (#6):	13'6" X 9'6" = 128 sq. ft.	(1)

(*) Denotes the number of licensed beds

2. Sanitation:

The facility is served by public water and sewer. Rubbish removal is weekly by Waste Management Company.

3. Fire Safety:

The facility is heated by two natural gas-fired forced air furnaces. One furnace is a high efficiency furnace located off the entrance corridor in a heat plant room enclosure. The other furnace is located in the basement alongside the natural gas-fired hot water heater. Recent furnace inspection reports completed by a licensed contractor are located in the licensing record.

All parts of the facility are protected by a hard-wired interconnected smoke alarm system. The facility does not have a fire suppression sprinkler system at this time.

A wood-fired fireplace is located in the dining area; however, the licensee has submitted a letter that this fireplace will not be used.

B. Program Description

1. Administrative structure and capability:

This facility was previously licensed for adult foster care by Rainbow Rehabilitation Centers from June 5, 1990 to May 25, 2007 (AS810013383). It was voluntarily closed in 2007 by the licensee, and the licensee has now decided to re-open the facility.

The applicant is a Michigan for-profit corporation. According to the certificate of incorporation, it was established on October 9, 1986, and it was assigned a corporation

number (#216311) by the State of Michigan. The original incorporators listed in the Articles of Incorporation were William Marks, John Svendsen, Roger Bird, and Harold Wilson. The present C.E.O. of the corporation is Barbara G. Wilson. The licensee designee and administrator for all licensed adult foster care facilities for this corporation is Sean Youngren, as appointed by the board of directors of the corporation. The current board of directors is listed as Barbara Wilson.

The true name of the corporation is Rainbow Rehabilitation Centers, Inc. The “assumed name” of the corporation is Rainbow Tree Center as delineated in the Certificate of Assumed Name retained in the corporate licensing record.

According to Department records, the applicant currently has approximately 23 other licensed adult foster care facilities operating in Wayne, Washtenaw, and Oakland Counties. Corporation records describe the general nature and type of business Rainbow operates as “residential and rehabilitation services for individuals with traumatic brain injuries.”

The applicant submitted a budget for this facility and additional corporate financial statements. Based upon those documents and the history of this corporation, the applicant was determined to be financially capable and stable.

2. Qualifications and competencies:

A criminal background check was conducted on the licensee designee via the Michigan State Police database. Direct care employees will be assessed via the long term care workforce background checks utilizing employee fingerprints.

Sean Youngren has been the licensee designee for this corporation for a number of years. He has completed all training requirements, and he continues to complete a minimum of 16 hours of annual training. He originally began with this organization as a direct care worker.

3. Program Information:

The facility will admit persons diagnosed with a traumatic brain injury. These will primarily be persons who are ambulatory or confined to a wheel chair and characterized as “high-functioning.”

The facility will provide personal care, supervision, and protection, in addition to room and board. Additionally, the applicant will provide specialized rehabilitation services including nursing, physical therapy, occupational therapy, employment services, and case management. These services are primarily provided out of the corporation's central, main office location.

An admission policy and program statement specific to this facility were submitted with the application packet.

Residents are transported from the facility to the main office for programs and therapies. Transportation is also provided for needed medical services, which are available in the community. Transportation is provided in vehicles operated by the licensee.

The proposed staffing pattern was established by the licensee as a minimum of 1 staff to three residents, depending upon individual resident care needs.

Emergency medical services will be provided by local hospitals and ambulance services.

4. Facility and employee records:

The applicant has previously submitted copies of personnel policies, job descriptions, and standard procedures, which are retained in the corporation licensing record. Resident records will be retained in the facility, and employee records will be stored at the corporation's main office. Much of the corporation's resident and employee records are also stored in computerized files, accessible by computer from each of the individual facilities.

5. Resident rights:

The licensee has established a list of written resident rights, and the list is provided to each resident upon admission. They are consistent with the licensing rules.

6: Conclusion:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

It is recommended that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 6 male or female adults who are diagnosed with traumatic brain injuries.

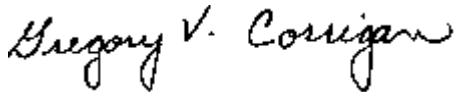


4/6/2009

Chuck Wisman
Licensing Consultant

Date

Approved By:



04/06/2009

Gregory V. Corrigan
Area Manager

Date