



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 28, 2019

Rochelle Greenberg  
Medical Alternatives Inc  
#120  
24301 Catherine Ind. Dr  
Novi, MI 48375

RE: Application #: AS630397262  
**Ripple Creek**  
**23839 Ripple Creek**  
**Novi, MI 48375**

Dear Mrs. Greenberg:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2078

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630397262

**Applicant Name:** Medical Alternatives Inc.

**Applicant Address:** 24301 Catherine Ind. Drive #120  
Novi, MI 48375

**Applicant Telephone #:** (248) 473-1139

**Licensee Designee:** Rochelle Greenberg

**Administrator** Danial Eaton

**Name of Facility:** Ripple Creek

**Facility Address:** 23839 Ripple Creek  
Novi, MI 48375

**Facility Telephone #:** (248) 302-1918

**Application Date:** 11/15/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/15/2018	Enrollment App submitted online 11/7/18, did not download.
11/15/2018	Contact - Document Sent Acts book.
11/15/2018	Application Incomplete Letter Sent 1326 for Rochelle. 100 for Daniel.
03/13/2019	Contact - Document Received 1326 for Rochelle. 100 for Daniel
03/13/2019	File Transferred To Field Office Pontiac
03/19/2019	Contact - Document Received Licensing file received from Central office
05/21/2019	Application Incomplete Letter Sent
05/21/2019	Application Complete/On-site Needed
07/08/2019	Inspection Completed On-site
08/28/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Ripple Creek adult foster care home, Medical Alternatives Inc., is located in a residential area in Novi, MI. The home is a single-story structure with an attached garage. The home consists of a living room, dining room, kitchen, 2 full bathrooms and four bedrooms. There is a large back yard and patio space for the residents' use.

The furnace and hot water heater are located on the main level with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 9'	108	1
2	13'.5" x 12'	161.5	2
3	11' x 9'.5"	103.5	1
4	10'.5" x 13'.5"	139.75	2

Total capacity: 6

The living, dining, kitchen, family and laundry room areas measure a total of 855.36 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Medical Alternatives, Inc., intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is traumatically brain injured (TBI), or physically handicapped, in the least restrictive environment possible. The home is wheelchair accessible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Respite services will also be provided for individuals who need temporary care.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

Medical Alternatives, Inc., will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant, Medical Alternatives Inc., which is a "For Profit Corporation" was established in Michigan, on 01/27/88. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Medical Alternatives, Inc. has submitted documentation appointing Rochelle Greenberg as Licensee Designee for this facility and Danial Eaton as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the Rochelle Greenberg and Danial Eaton. Ms. Greenberg and Mr. Eaton submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Rochelle Greenberg and Danial Eaton have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Greenberg has been a licensee designee for Medical Alternatives, Inc., since 1988 and currently serves as the licensee designee for three adult foster care homes in Oakland County (Glenridge Court - AS63007414, Burton Ranch - AS630012577, Franklin Manor - AS630362987).

Mr. Eaton joined Medical Alternatives, Inc., as an Executive Director in February 2019. Mr. Eaton is a trained Registered Nurse and has a current Registered Nurse License from the State of Michigan Board of Nursing.

The staffing pattern for the original license of this six (6) -bed facility is adequate and includes a minimum of one (1) staff –to-six (6) residents per shift. All staff shall be awake during sleeping hours.

Rochelle Greenberg acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff one (1) –to- six (6) resident ratio.

Rochelle Greenberg acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. Technical assistance was provided on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Rochelle Greenberg acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received

medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Ms. Greenberg has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Rochelle Greenberg acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Ms. Greenberg acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

Rochelle Greenberg acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Greenberg indicated that it is her intent to achieve and maintain compliance with these requirements.

Rochelle Greenberg acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Ms. Greenberg has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Rochelle Greenberg acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Rochelle Greenberg acknowledges her responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

Rochelle Greenberg acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

Rochelle Greenberg/Medical Alternatives, Inc., was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).



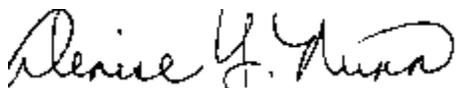
08/28/19

---

Kenyatta Lewis  
Licensing Consultant

Date

Approved By:



08/28/2019

---

Denise Y. Nunn  
Area Manager

Date