

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 10, 2020

Monica Flagg Elite Alternatives, Inc. 3330 Primary Rd. Auburn Hills, MI 48326

RE: License #: AS630012584

**Gilsam Group Home** 

1896 Gilsam

Rochester Hills, MI 48309

Dear Ms. Flagg:

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 or 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 (248) 975-5053.

Sincerely,

Eric Johnson, Licensing Consultant Bureau of Community and Health Systems 4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342

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

#### I. IDENTIFYING INFORMATION

License #:	AS630012584		
Licensee Name:	Elite Alternatives, Inc.		
Licensee Address:	3330 Primary Rd		
	Auburn Hills, MI 48326		
	(0.40) 0.00		
Licensee Telephone #:	(248) 852-2065		
Licensee/Licensee Designee:	Monica Flagg, Designee		
Licensee/Licensee Designee.	Worlica Flagg, Designee		
Administrator:			
Name of Facility:	Gilsam Group Home		
Facility Address:	1896 Gilsam		
	Rochester Hills, MI 48309		
Facility Talankana #	(040) 050 4007		
Facility Telephone #:	(248) 852-1367		
Original Issuance Date:			
Original Issuance Date.			
Capacity:	6		
Program Type:	DEVELOPMENTALLY DISABLED		

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(	s):	11/10/20	020	
Date	e of Bureau of Fire Serv	vices Inspection if app	licable:	N/A	
Date	e of Environmental/Hea	lth Inspection if applic	able:	N/A	
Insp	ection Type:	☐ Interview and Obs	servation	⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		ı	3 3	
•	Medication pass / simu	ulated pass observed?	Yes 🖂	No ☐ If no, explain.	
•	● Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If no, explain				
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ∑ If no, explain. Inspection did not occur during a meal time.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>					
•	Fire safety equipment	and practices observe	d? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (S If no, explain. Water temperatures ch				
•	Incident report follow-u	ıp? Yes⊠ No 🗌 If	no, expla	iin.	
•	Corrective action plan N/A  Number of excluded e	·		CAP date/s and rule/s:	
•	Variances? Yes ☐ (p			· <u>v_v</u>	

#### **DESCRIPTION OF FINDINGS & CONCLUSIONS** III.

This facility was found to be in non-compliance with the following rules:

R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the onsite inspection on 11/10/20, I observed the home's smoke detectors to not properly work. The detectors did not active when staff attempted to facilitate a test drill.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

11/10/20

Eric Johnson

Date

Licensing Consultant