



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 27, 2022

Jennifer Bhaskaran  
Alternative Services Inc.  
Suite 10  
32625 W Seven Mile Rd  
Livonia, MI 48152

RE: License #: AS250350169  
Investigation #: 2022A0576030  
Macintosh House

Dear Ms. Bhaskaran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 240-2478

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250350169
<b>Investigation #:</b>	2022A0576030
<b>Complaint Receipt Date:</b>	03/29/2022
<b>Investigation Initiation Date:</b>	03/31/2022
<b>Report Due Date:</b>	05/28/2022
<b>Licensee Name:</b>	Alternative Services Inc.
<b>Licensee Address:</b>	Suite 10, 32625 W Seven Mile Rd Livonia, MI 48152
<b>Licensee Telephone #:</b>	(248) 471-4880
<b>Administrator:</b>	Jennifer Bhaskaran
<b>Licensee Designee:</b>	Amber Harris
<b>Name of Facility:</b>	Macintosh House
<b>Facility Address:</b>	3186 Mac Avenue, Flint, MI 48506-2124
<b>Facility Telephone #:</b>	(810) 228-3950
<b>Original Issuance Date:</b>	12/23/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/22/2020
<b>Expiration Date:</b>	06/21/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A cannot grasp utensils and cups due to limited mobility. Resident A was provided hot coffee, which she spilled on herself resulting in a burn.	Yes
Guardian was not notified of burn.	Yes

**III. METHODOLOGY**

03/29/2022	Special Investigation Intake 2022A0576030
03/29/2022	APS Referral
03/31/2022	Special Investigation Initiated - Letter Sent email to Michael Grant, Genesee County Adult Protective Services (APS)
03/31/2022	Contact - Document Received Email received from Michael Grant
05/13/2022	Inspection Completed On-site Interviewed Home Manager, Dakari Tidwell and viewed Resident A
05/13/2022	Contact - Document Received Viewed Resident A's AFC Assessment Plan
05/26/2022	Contact - Document Received Email sent to Michael Grant
05/26/2022	Contact - Telephone call made Interviewed Guardian A
05/26/2022	Contact - Document Received Email received from Michael Grant
05/26/2022	Exit Conference Exit Conference conducted with Licensee Designee, Jenny Bhaskaran

## **ALLEGATION:**

- Resident A cannot grasp utensils and cups due to limited mobility. Resident A was provided hot coffee, which she spilled on herself resulting in a burn.
- Guardian was not notified of burn.

## **INVESTIGATION:**

On March 29, 2022, I received this intake from Adult Protective Services (APS). On March 31, 2022, I sent an email to Michael Grant, Genesee County APS inquiring as to any updates he can provide. Mr. Grant advised he saw Resident A in her home March 30, 2022, with no concerns noted. Resident A went to her doctor on March 29, 2022, and there were no significant concerns noted. Resident A will be sent for an ultrasound and the doctor requested a stool sample due to concerns surrounding weight loss. Resident A is reportedly a good eater and eats her meals snacks. Mr. Grant noted a 3-inch mark on Resident A's arm and the home manager reported the mark was due to a burn. The burn was not blistering or open. Resident A was observed to be able to grasp an empty cup by the handle however she has "limited control that is very jerky or shaky." Resident A likes coffee and staff try to ensure it is not hot when she is given coffee however, she was provided hot coffee resulting in the burn. Mr. Grant reported per his observance, Resident A cannot drink on her own without any issues or spills. Mr. Grant advised he requested the incident report regarding Resident A. On May 26, 2022, I sent an email to Mr. Grant inquiring as to the status of his investigation. He reported he will see Resident A again at her home and make a decision regarding his investigation. Mr. Grant denied he received an incident report regarding Resident A as requested.

On May 13, 2022, I completed an unannounced on-site inspection at Macintosh Home and interviewed Home Manager, Dakari Tidwell and viewed Resident A. Mr. Tidwell reported Resident A continues to live at the home and has resided there for 10 years. Resident A is doing well and gaining weight. Regarding the allegation, Resident A can grab utensils and cups. A staff person may not have let Resident A's coffee cool down enough and it spilled on her resulting in the burn. Resident A was seen by her doctor for the injury. Mr. Tidwell believes there was an incident report written regarding the incident and the report was requested. Mr. Tidwell reported he would forward report.

On May 13, 2022, I viewed Resident A at her home. Resident A is nonverbal, and she was laughing and smiling. Resident A was holding an empty and swinging it around. Resident A appeared happy and was neat and clean in appearance.

On May 13, 2022, I reviewed Resident A's AFC Assessment Plan. The plan indicates Resident A is non-verbal and uses signs and pointing to communicate. Resident A can feed herself but needs no distractions during mealtime. Staff will assist with proper food/drink texture as recommended by the primary physician. According to Resident A's AFC Assessment Plan, Resident A relies on staff to ensure her drinks and meals are safe for her to eat.

On May 26, 2022, I spoke to Resident A's guardian, Guardian A who reported she was notified of Resident A's burn 3 weeks after it occurred, and staff happened to mention how the burn was healing. Guardian A inquired as to what burn staff was talking about and it was at that time she was notified. It was explained to Guardian A that Resident A was given hot coffee resulting in the burn. Guardian A reported Resident A has Cerebral Palsy and her motor skills "are choppy."

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Resident A was provided hot coffee, which spilled resulting in a burn to Resident A. Upon conclusion of investigative interviews, there is a preponderance of evidence to conclude a rule violation.</p> <p>Resident A is diagnosed with Cerebral Palsy and his no verbal communication skills. According to Resident A's AFC Assessment Plan, Resident A relies on staff to ensure her drinks and meals are safe for her to eat. Resident A was provided hot coffee by staff. Resident A is unable to safely handle hot liquids due to limited motor skills. Resident A spilled the coffee resulting in a burn to her arm. Resident A's protection and safety was not attended to at all times.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14311</b>	<b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>
	<b>(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor. "Incident" means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:</b>

	<p>(a) The name of the person who was involved in the accident or incident.</p> <p>(b) The date, hour, place, and cause of the accident or incident.</p> <p>(c) The effect of the accident or incident on the person who was involved and the care given.</p> <p>(d) The name of the individuals who were notified and the time of notification.</p> <p>(e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved.</p> <p>(f) The corrective measures that were taken to prevent the accident or incident from happening again.</p>
<b>ANALYSIS:</b>	<p>It was alleged that after Resident A obtained a burn, her guardian was not notified of the injury. Upon conclusion of investigative interviews, there is a preponderance of evidence to conclude a rule violation.</p> <p>Resident A obtained a burn due to spilling hot coffee on herself. After Resident A's accident, no incident report (IR) was completed or forwarded to the licensing unit or her guardian explaining what occurred. Resident A's guardian, Guardian A reported she was notified of the injury in a passing conversation with staff 3 weeks after it occurred.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On May 26, 2022, I completed an Exit Conference with Licensee Designee, Jenny Bhaskaran. I advised Ms. Bhaskaran I would be requesting a corrective action plan with regards to the cited rule violations.

#### IV. RECOMMENDATION

Continent upon receipt of an acceptable corrective action plan, no change in the license status is recommend.



5/26/2022

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Christina Garza  
Licensing Consultant

Date

Approved By:



5/27/2022

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Mary E Holton  
Area Manager

Date