



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 14, 2022

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

RE: License #: AS630306072  
**Brandon Hills**  
**3187 Hummer Lake Rd.**  
**Ortonville, MI 48462**

Dear Ms. Bhaskaran:

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:

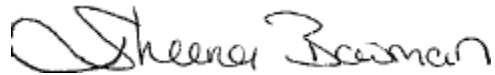
- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 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,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630306072
<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>Licensee/Licensee Designee:</b>	Jennifer Bhaskaran
<b>Administrator:</b>	Candy Hamilton
<b>Name of Facility:</b>	Brandon Hills
<b>Facility Address:</b>	3187 Hummer Lake Rd. Ortonville, MI 48462
<b>Facility Telephone #:</b>	(248) 471-4880
<b>Original Issuance Date:</b>	10/20/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/13/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: Pending 1/03/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Resident Funds Part II was not completed for Resident A or Resident B.
- Meal preparation / service observed? Yes  No  If no, explain.  
I did not observe meal preparation during the onsite.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
SI CAP Approved 06/14/21; 208(3), 310(1)(d), 310(4), 206(2)
- SI CAP Approved 04/20/20; 303(2)
- LSR CAP Approved 01/12/21; 301(6), 301(10), 301(4), 312(4), 312(4) (C),  
315(3), 205(4), 205(2), 203(1), 208(1)( e), 318(5), 803(5), 803(4), 205(5), 205(6),  
734(b) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

During the last quarter of 2022, only one fire drill was completed. A fire drill for October 2022 and December 2022 was missing. During the third quarter of the fire drills for 2022, an evening and sleeping fire drill was not completed. An evening fire drill was not completed during the second quarter of the fire drills for 2022.

During the first quarter of the fire drills for 2021, a sleeping fire drill was not completed.

**R 330.1803 Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.**

The E-scores that were completed for 2022 were not completed on the required appendix f of the 1985 life safety code of the national fire protection association.

**REPEAT VIOLATION ESTABLISHED**

**Reference Licensing Study Report (LSR) 01/05/211; CAP approved 01/12/21.**

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

A health care appraisal form was not completed for Resident A for 2022. Resident B was admitted on 02/09/22 however; a health care appraisal was not observed in his file.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 01/05/21; CAP approved 01/12/21**

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

An annual assessment plan was not completed in 2022 for Resident A. Resident A's 2021 assessment plan was not signed by his guardian. An initial assessment plan for Resident B was not completed for 2022.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 01/05/21; CAP approved 01/12/21**

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

An annual resident care agreement was not completed for Resident A for 2021. Resident B was admitted on 02/09/22 however; a resident care agreement was not completed at the time of admission. Resident B's resident care agreement was signed by the licensee designee, Jennifer Bhaskaran on 04/27/22 and by the responsible agency on 05/05/22.

**R 400.14312            Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Milk of Magnesia as a PRN however; the medication was not observed in the AFC group home.

Resident B is prescribed Invega Sustenna injection 1.5 ml each month. Resident B has not received this medication since he was admitted into the AFC group home on 02/09/22.

**R 400.14312            Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite, a medication by the name of Fluoxetine HCL 10mg was handwritten on Resident A's MAR. I observed staff initials on the MAR for each day for the month of December for this medication. However, this medication was not observed in Resident A's box of medications. It was discovered that Fluoxetine HCL 10 mg is not prescribed to Resident A, but it is prescribed to Resident B. This medication was observed in Resident B's medication box. It appears that staff are initialing the residents MAR's first and then administering medications without following the medication 5 rights.

I observed Resident B's MAR and noticed that there was a missing staff initial on 12/2/22 for Fluoxetine. The home manager, Tahisha Woods admitted that she forgot to initial the MAR after she administered Resident B's Fluoxetine on 12/2/22. There were no Fluoxetine pills observed in the bubble packet from 12/1/22 through 12/13/22.

There was also a missing staff initial for Resident B's Fycompa 8mg on 12/12/22, Resident A's Latuda 80mg on 12/12/22, and Resident A's Buspirone 30mg on 12/1/22.

**R 400.14312 Resident medications.**

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

I observed the following expired medications:

- Resident A's Acetaminophen expired on 8/21/22
- Resident A's Guaifenesin-DM expired on 8/6/21
- Resident B's Clobetasol expired on 9/8/22 (2 bottles)

**R 400.14313 Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.



During the onsite, the menus observed on the refrigerator were dated from two weeks ago.

**R 400.14315            Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The funds Part II forms for Resident A and Resident B were not observed as they were not completed.

**REPEAT VIOLATION ESTABLISHED**  
**Reference LSR 01/05/21; CAP approved 01/12/21**

**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the last quarter of the fire drills for 2022, only one fire drill was completed. A fire drill for October 2022 and December 2022 was missing. During the third quarter of the fire drills for 2022, an evening and sleeping fire drill was not completed. An evening fire drill was not completed during the second quarter of the fire drills for 2022.

During the first quarter of the fire drills for 2021, a sleeping fire drill was not completed.

**REPEAT VIOLATION ESTABLISHED**  
**Reference LSR 01/05/21; CAP approved 01/12/21**

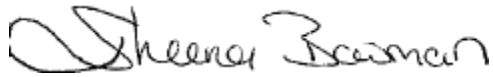
**R 400.14410            Bedroom furnishings.**

(1) The bedroom furnishings in each bedroom shall include all of the following:  
(d) At least 1 chair.

Resident M and Resident B do not have a chair in their bedroom. Resident A and Resident C do not have a chair in their bedroom.

#### IV. RECOMMENDATION

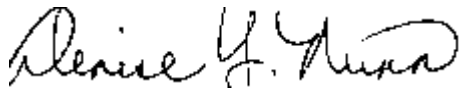
Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



12/13/22  
Date

Licensing Consultant

Approved by:



12/14/2022  
Date

Denise Y. Nunn  
Area Manager