



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 31, 2023

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

RE: License #: AS500247961  
**Soaring Heights**  
**48172 Sugarbush**  
**Chesterfield Twp., MI 48047**

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.

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500247961
<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>	Jennifer Bhaskaran
<b>Name of Facility:</b>	Soaring Heights
<b>Facility Address:</b>	48172 Sugarbush Chesterfield Twp., MI 48047
<b>Facility Telephone #:</b>	(248) 471-4880
<b>Original Issuance Date:</b>	06/05/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/24/2023

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with home manager.
- 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.
- Meal preparation / service observed? Yes  No  If no, explain.  
Inspection did not occur during a meal preparation.
- 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:  
CAP date 02/02/2021- AS301(4), AS301(6), AS401(2), AS403(1), AS403(5) 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:

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection.</b>

Staff, Laurie Koski, did not have verification of training in personal care, supervision, and protection in her employee file.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</b>

Staff, Carolyn Jackson and Laurie Koski, did not have current annual health reviews in their employee files.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (e) Verification of experience, education, and training.</b>

Staff, Laurie Koski, did not have verification of education and experience in her employee file.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.</b>

Staff, Carolyn Jackson and Laurie Koski, did not have verification of reference checks.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

Resident A did not have a current health care appraisal. Resident A's last health care appraisal was dated 10/13/2021.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.

Resident A did not have a record of physician contacts and instructions.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

---

Resident A and Resident B did not have current assessment plans. Resident A's last assessment plan was dated 10/14/2021 and not signed by guardian. Resident B's 2021 assessment plan did not have any signatures. Resident B's last assessment plan was completed on 12/28/2021. It was signed by guardian on 01/25/2022 and signed by licensee designee on 12/28/2022.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR dated 02/04/2021, CAP dated 02/02/2021**

---

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

Resident A and Resident B did not have current resident care agreements. Resident A's resident care agreement was last completed on 10/13/2021. Resident B's resident care agreement was last completed on 02/18/2021.

<b>R 400.14307</b>	<b>Resident behavior interventions generally.</b>
	(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.

Staff, Carolyn Jackson, did not have verification of behavior intervention training in her employee file.

<b>R 400.14310</b>	<b>Resident health care.</b>
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident B did not have weights recorded from February 2021- October 2021.

---

<b>R 400.14312</b>	<b>Resident medications.</b>
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the onsite inspection, I observed a box of medication in an office that was not stored in the locked cabinet.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (a) Be trained in the proper handling and administration of medication.

Staff, Carolyn Jackson, did not have verification of medication administration training in her employee file.

<b>R 400.14313</b>	<b>Resident nutrition.</b>
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

Resident B did not have a prescription on file for her low cholesterol diet.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature in Bathroom #2 measured 95.4 degrees Fahrenheit.



---

**REPEAT VIOLATION ESTABLISHED**

Reference LSR dated 02/04/2021, CAP dated 02/02/2021

<b>R 400.14402</b>	<b>Food service.</b>
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the onsite inspection, I observed that the garage freezer did not have a thermometer.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection, I observed black grout in the shower in Bathroom #1.

**REPEAT VIOLATION ESTABLISHED**

Reference LSR dated 02/04/2021, CAP dated 02/02/2021

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, I observed peeling paint in Bathroom #1 and a rusted vent on wall.

**REPEAT VIOLATION ESTABLISHED**

Reference LSR dated 02/04/2021, CAP dated 02/02/2021

I completed an exit conference onsite with Licensee Designee, Jennifer Bhaskaran, on 01/24/2023. On 01/26/2023, I informed Ms. Blaskaran that a provisional license would be recommended due to the number of violations as well as repeat violations. She said

that they have had staffing issues. The previous administrator left the corporation and the home manager was out with health issues.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a 1<sup>st</sup> provisional license is recommended.



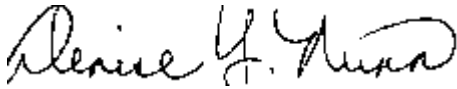
01/30/2023

---

Kristine Cilluffo  
Licensing Consultant

Date

Approved by:



01/31/2023

---

Denise Y. Nunn  
Area Manager

Date