



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 24, 2023

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

RE: License #: AS630012747
South Boulevard Group Home
706 South Blvd
Troy, MI 48098

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,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630012747
Licensee Name:	Elite Alternatives, Inc.
Licensee Address:	3330 Primary Rd Auburn Hills, MI 48326
Licensee Telephone #:	(248) 852-2065
Licensee Designee:	Monica Flagg
Administrator:	Monica Flagg
Name of Facility:	South Boulevard Group Home
Facility Address:	706 South Blvd Troy, MI 48098
Facility Telephone #:	(248) 828-2919
Original Issuance Date:	06/15/1992
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/23/2023

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 3

No. of residents interviewed and/or observed 0

No. of others interviewed 0 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. cash on hand was reviewed. However, not all associated documentation was on site and available for review.
- Meal preparation / service observed? Yes No If no, explain. the inspection was not completed during meal time.
- 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. There were no incident reports to follow up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 400.14310, 400.14403, 400.14407 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 400.14203	Licensee and administrator training requirements.
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

During the onsite inspection completed on 03/23/23, the licensee designee, Monica Flagg's 16 hours of annual training was not onsite and available for review.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

During the onsite inspection completed on 03/23/23, the licensee designee, Monica Flagg's tuberculosis test was not onsite and available for review.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Lisinopril 10 mg – Take 1 tablet by mouth daily. The medication was not passed to Resident A on 03/22/23 at 8:00 pm. I observed the pill in the bubble pack. The medication administration record (MAR) was not signed.

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:

	(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
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On 03/21/23, at 8:00 pm Resident A's Lisinopril 10 mg tablet was administered. The initials of the person who administered the medication was not written on the medication administration record (MAR).

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.

During the onsite inspection completed on 03/23/23, the amount of money being deducted monthly on the Resident Funds Part II forms was not consistent with the information documented on the Resident Care Agreement. The Home Manager and Area Supervisor stated there was a separate Resident Funds Part II form that provides additional information and explains the discrepancy. However, the form was not onsite and available for review.

IV. RECOMMENDATION

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



03/24/2023

Date

Licensing Consultant