



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 28, 2023

Rochelle Greenberg
Medical Alternatives Inc
#120
24301 Catherine Ind. Dr
Novi, MI 48375

RE: License #: AS630397262
Ripple Creek
23839 Ripple Creek
Novi, MI 48375

Dear Rochelle Greenberg:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630397262
Licensee Name:	Medical Alternatives Inc
Licensee Address:	#120 24301 Catherine Ind. Dr Novi, MI 48375
Licensee Telephone #:	(248) 473-1139
Licensee/Licensee Designee:	Rochelle Greenberg
Administrator:	Daniel Eaton
Name of Facility:	Ripple Creek
Facility Address:	23839 Ripple Creek Novi, MI 48375
Facility Telephone #:	(248) 473-1139
Original Issuance Date:	08/28/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/28/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Quality Imp Mgr

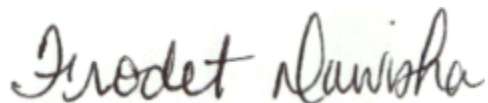
- Medication pass / simulated pass observed? Yes No If no, explain.
Home was put on provision for physical plant and there were no residents in the home during the 6month period
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Home was put on provision for physical plant and there were no residents in the home during the 6month period
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Home was put on provision for physical plant and there were no residents in the home during the 6month period
- Meal preparation / service observed? Yes No If no, explain.
Home was put on provision for physical plant and there were no residents in the home during the 6month period
- Fire drills reviewed? Yes No If no, explain.
Home was put on provision for physical plant and there were no residents in the home during the 6month period
- 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.
Home was put on provision for physical plant and there were no residents in the home during the 6month period
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



06/28/2023

Frodet Dawisha
Licensing Consultant

Date