



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 10, 2023

Marlene Burgess
Alternative Community Living, Inc.
P. O. Box 190179
Burton, MI 48519

RE: License #: AS630078497
Highland
269 Highland Street
Bloomfield Hills, MI 48302

Dear Marlene Burgess:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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

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

I. IDENTIFYING INFORMATION

License #:	AS630078497
Licensee Name:	Alternative Community Living, Inc.
Licensee Address:	P. O. Box 190179 Burton, MI 48519
Licensee Telephone #:	(248) 505-1987
Licensee/Licensee Designee:	Marlene Burgess
Administrator:	Doris Adams
Name of Facility:	Highland
Facility Address:	269 Highland Street Bloomfield Hills, MI 48302
Facility Telephone #:	(248) 505-1987
Original Issuance Date:	11/26/1997
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2023

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

Date of Health Authority Inspection if applicable: 04/24/2023

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.
 - 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.
Did not occur during inspection
 - 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:
N/A
 - Number of excluded employees followed-up? N/A
 - Variances? Yes (please explain) No N/A
- AS315 (3) Funds Part II Forms

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14208	Direct care staff and employee records.
	(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.

During the on-site inspection on 08/10/2023, employee Sara Debone did not have their verification of reference checks available for my review.

R 400.14403	Maintenance of premises.
	(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 on-site inspection on 08/10/2023, bathroom #1 had grout missing from the floor tiles and the tiles around the toilet were cracked.

A corrective action plan was requested and approved on 08/10/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



08/10/2023

Frodet Dawisha
Licensing Consultant

Date