



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2024

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

RE: License #: AM440296828  
Investigation #: 2024A0569022  
Lippincott Home

Dear Ms. Bhaskaran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kent W. Gieselman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM440296828
<b>Investigation #:</b>	2024A0569022
<b>Complaint Receipt Date:</b>	02/08/2024
<b>Investigation Initiation Date:</b>	02/08/2024
<b>Report Due Date:</b>	04/08/2024
<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>Administrator:</b>	Amber Harris
<b>Licensee Designee:</b>	Jennifer Bhaskaran
<b>Name of Facility:</b>	Lippincott Home
<b>Facility Address:</b>	3863 Lippincott Lapeer, MI 48446
<b>Facility Telephone #:</b>	(810) 664-9939
<b>Original Issuance Date:</b>	10/15/2009
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/19/2022
<b>Expiration Date:</b>	08/18/2024
<b>Capacity:</b>	8
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
<b>This facility received a disapproval rating from the Bureau of Fire Services on 2/2/24.</b>	Yes

**III. METHODOLOGY**

02/08/2024	Special Investigation Intake 2024A0569022
02/08/2024	Special Investigation Initiated - Letter Email from Bureau of Fire Services.
03/05/2024	Contact - Telephone call made. Contact with Amber Harris, administrator.
03/06/2024	Inspection Completed On-site
03/06/2024	Inspection Completed-BCAL Sub. Compliance
03/06/2024	Exit Conference Exit conference with Jennifer Bhaskaran, licensee designee.
03/12/2024	Corrective Action Plan Requested and Due on 03/30/2024.

## **ALLEGATION:**

**This facility received a disapproval rating from the Bureau of Fire Services on 2/2/24.**

## **INVESTIGATION:**

A fire inspection report from the Bureau of Fire Services (BFS) was received on 2/8/24. The BFS report documents that an inspection was conducted on 2/2/24 and there were five deficiencies cited, resulting in a “disapproval” rating. The BFS report documents the following deficiencies;

1 - Sprinkler systems installed in accordance with NFPA 13D shall be inspected, tested, and maintained in accordance with Section 32.2.3.5.7.

INSPECTOR COMMENTS: At time of reinspection, it was noted that the pressure gauge had a manufacture date 2015.

2 - The administration of every adult foster care facility shall have, in effect and available to all personnel, written copies of a plan for protecting all persons in the event of fire and for evacuating persons from the building to the designated point of safety. The plan shall include special staff response, including fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is identified. All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan, including the operation of fire alarm and other fire protection equipment. Such instruction shall be reviewed by the staff not less than every 2 months. A copy of the plan shall be readily available at all times within the facility. The evacuation plan shall include provisions to protect residents who are either permanently or temporarily incapable of self-preservation. The evacuation plan shall be evaluated annual to ensure that all information is current and correct. Rule 201; 32.7.1.1

INSPECTOR COMMENTS:

- a. At time of reinspection, the emergency action plan did not contain the required information stated above.
- b. At time of reinspection, no documentation was provided for staff review of EAP.

3 - The written fire safety plan shall provide for the following:

- (a) Use of alarms.
- (b) Transmission of alarm to fire department.
- (c) Response to alarms.
- (d) Isolation of fire.
- (e) Evacuation of building.
- (f) Bedroom doors and corridor access doors shall be closed upon exiting.
- (g) Use of fire extinguishers.

Rule 201; 32.7.1.1.1

INSPECTOR COMMENTS: Emergency action plan shall contain the above information.

4 - All small facilities shall be protected throughout by an approved automatic sprinkler system installed in accordance with 32.2.3.5.3, using quick-response residential sprinklers. Rule 201; 32.2.3.5.1

INSPECTOR COMMENTS: At time of reinspection, it was noted that the fire sprinkler AC circuit breaker did not have a lock installed.

5 - For small facilities, a manual fire alarm system shall be provided in accordance with Section 9.6. 32.2.3.4.1

INSPECTOR COMMENTS: At time of reinspection, it was noted that the fire alarm AC circuit breaker did not have a lock installed, nor was it color coded red.

Amber Harris, administrator, stated on 3/5/24 that she has received a copy of the BFS report. Amber Harris stated that she was unaware of the deficiencies prior to the inspection and believed that the facility was in compliance. Amber Harris stated that all of the deficiencies have been addressed. Amber Harris stated that she has completed documentation to address violations #2 and #3 and has serviced all of the staff regarding the violations. Amber Harris stated that the sprinkler system and alarm deficiencies noted in #1, #4, and #5 have been repaired and are in compliance.

An unannounced inspection of this facility was conducted on 3/6/24. Facility documentation was reviewed. A service summary completed by Summit Fire Protection, a certified company, was reviewed. The summary documents that all of the fire extinguishers were serviced on 2/28/24 and the fire suppression and alarm deficiencies cited in #1, #4, and #5 were serviced and repaired. The circuit breaker identified in deficiency #5 was observed to have a lock and was color coded red. The facility documentation also contains a fire evacuation plan as required in deficiency #2 and #3. The fire evacuation plan contains all of the information required in the BFS report. The facility file contains documentation that all of the staff were trained on 2/28/24. The facility fire drill records were reviewed for 2023 through February 2024. The fire drill records document that fire drills have been conducted monthly and that they have been rotated between sleeping and awake hours.

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

<b>ANALYSIS:</b>	A BFS inspection report was received on 2/8/24 with a disapproval rating for this facility. Amber Harris stated that she received the report and was unaware that the deficiencies existed but has addressed all of the deficiencies. Documentation was reviewed on 3/6/24 that confirms that all of the deficiencies cited in the BFS report have been addressed. Based on the documentation reviewed it is determined that there has been a violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

An exit conference was conducted with Jennifer Bhaskaran, licensee designee, on 3/6/24. The findings in this report were reviewed and a corrective action plan was requested.

**IV. RECOMMENDATION**

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.



3/12/24

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



3/12/24

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Mary E. Holton  
Area Manager

Date