

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 10, 2022

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 Mrs. Greenberg:

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 or home for the aged authorized representative 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,

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems

Frodet Danisha

4th Floor, Suite 4B 51111 Woodward Avenue Pontiac, MI 48342

(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	
	(====)	
Administrator/Licensee Designee:	Rochelle Greenberg	
Name of Facility:	Ripple Creek	
Facility Address:	23839 Ripple Creek	
	Novi, MI 48375	
Facility Telephone #:	(248) 473-1139	
	00/00/0040	
Original Issuance Date:	08/28/2019	
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Capacity:	6	
Program Typo:	PHYSICALLY HANDICAPPED	
Program Type:	TRAUMATICALLY BRAIN INJURED	
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II. METHODS OF INSPECTION

Date of	of On-site Inspection(s	s):	02/10/20	022	
Date o	of Bureau of Fire Serv	ices Inspection if appl	icable:	N/A	
Date o	of Health Authority Ins	pection if applicable:	1	N/A	
Insped	ction Type:	☐ Interview and Obs	servation		
No. of	f staff interviewed and f residents interviewed f others interviewed			3 1	
• N	ledication pass / simu	lated pass observed?	Yes 🗌	No ☐ If no, explain.	
• N	ledication(s) and med	ication record(s) revie	wed? Yo	es 🗵 No 🗌 If no, explain.	
• N	Meal preparation did not occur during inspection				
• F	ire safety equipment a	and practices observe	d? Yes[⊠ No If no, explain.	
lf	E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒ If no, explain. Water temperatures checked? Yes ☒ No ☐ If no, explain.				
• Ir	ncident report follow-u	p? Yes⊠ No 🗌 If r	no, expla	in.	
R	R 400.14312 (4)(b) N/A			CAP date/s and rule/s: N/A ⊠	
• V	/ariances? Yes ☐ (pl	ease explain) No 🖂	N/A 🗍		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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 02/09/2022, the walls in the hallway and in bedrooms #3 and #4 were scuffed and damaged due to residents' wheelchairs.

R 400.14410	Bedroom furnishings.
	(1) The bedroom furnishings in each bedroom shall include all of the following: (a) An adequate closet or wardrobe.

During the on-site inspection on 02/09/2022, the closet door in bedroom #3 had a hole near the knob.

R 400.14511	Flame-producing equipment; enclosures.		
	(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.		

During the on-site inspection on 02/09/2022, the furnace and hot water heater located on the same level as the residents did not have a 1 ¾ inch solid core wood door that should be hung in a fully stopped wood or steel frame with an automatic self-closing device and positive-latching hardware. Also, it is uncertain if the enclosed room is constructed of material which has a 1-hour-fire resistance rating.

IV. RECOMMENDATION

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

Frodet Navisha 02/10/2022

Frodet Dawisha Date

Licensing Consultant