



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 21, 2022

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

RE: License #: AS630012577  
**The Burton Ranch**  
**39413 Burton Drive**  
**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,

A handwritten signature in black ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

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**

<b>License #:</b>	AS630012577
<b>Licensee Name:</b>	Medical Alternatives Inc
<b>Licensee Address:</b>	#120 24301 Catherine Ind. Dr Novi, MI 48375
<b>Licensee Telephone #:</b>	(248) 473-1139
<b>Administrator/Licensee Designee:</b>	Rochelle Greenberg
<b>Name of Facility:</b>	The Burton Ranch
<b>Facility Address:</b>	39413 Burton Drive Novi, MI 48375
<b>Facility Telephone #:</b>	(248) 302-1918
<b>Original Issuance Date:</b>	08/05/1988
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/19/2022

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Qual Impr Mgr

- 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.  
Meal preparation 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:  
403 (11), 403 (13), 403 (2), 403 (5), 505 (1), 511 (1) 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:

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(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 04/19/2022, the ramp located in the backyard needs to be stained as the paint is peeling/chipping off.

**REPEAT VIOLATION ESTABLISHED: LSR DATED 05/02/2018; CAP DATED 05/02/2018 AND LSR DATED 06/23/2020 AND CAP DATED 06/15/2020**

<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b>
	(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations: (b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

During the on-site inspection on 04/19/2022, there was no smoke detector in the basement.

**REPEAT VIOLATION ESTABLISHED: LSR DATED 05/02/2018; CAP DATED 05/02/2018 AND LSR DATED 06/23/2020 AND CAP DATED 06/15/2020**

<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b>
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

During the on-site inspection on 04/19/2022, the smoke detectors were not all interconnected.

#### IV. RECOMMENDATION

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



04/21/2022

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Frodet Dawisha  
Licensing Consultant

Date