



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2022

Donald King  
Alternative Community Living, Inc.  
P. O. Box 190179  
Burton, MI 48519

RE: License #: AS500262771  
**Broderick**  
**31370 Broderick**  
**Chesterfield Twp, MI 48051**

Dear Mr. King:

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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500262771
<b>Licensee Name:</b>	Alternative Community Living, Inc.
<b>Licensee Address:</b>	P. O. Box 190179 Burton, MI 48519
<b>Licensee Telephone #:</b>	(586) 206-8869
<b>Licensee/Licensee Designee:</b>	Donald King
<b>Administrator:</b>	Janice McPherson
<b>Name of Facility:</b>	Broderick
<b>Facility Address:</b>	31370 Broderick Chesterfield Twp, MI 48051
<b>Facility Telephone #:</b>	(586) 749-3792
<b>Original Issuance Date:</b>	01/22/2004
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/14/2022

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with Administrator.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
CAP date 08/07/2020- AS401(2) 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 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</b>
Administrator, Janice McPherson, did not have a current TB test. Her last TB test was completed on 08/10/2018.	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
Staff, Megan McCarthy, did not have a current TB test. Her last TB test was completed on 05/01/2019.	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<b>(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.</b>

Staff, Sharon Wickman, only had verification of one reference check in employee file.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul>
<p>Resident A's Fluoxetine 40 mg was not listed on medication log.</p> <p>Resident A's medication log indicated that Olanzapine 20 mg was administered at 8:00 am and 8:00 pm. The log indicated the medication was given once at 4:00 pm on 07/05/2022. The label instructions stated to take one tablet by mouth in the evening and take one tablet by mouth at bedtime. The packs were labeled to give resident medications at 4:00 pm and 8:00 pm. Administrator, Janice McPherson, stated that medication has been given at correct times, however, pharmacy needs to change administration times on log.</p>	
<b>R 400.14402</b>	<b>Food service.</b>
	<p>(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.</p>

During the onsite inspection, I observed that one refrigerator and freezer in garage did not have thermometers.	
<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>
	(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.
During the onsite inspection, I observed that the smoke detector in basement was chirping and appeared to need battery replaced.	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

07/18/2022

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Kristine Cilluffo  
Licensing Consultant

Date