

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 13, 2022

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

> RE: License #: AS820409376 Belleville Manor 9812 Barkley Van Buren, MI 48111

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 (313) 456-0380.

Sincerely,

Vancon Beallen

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

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

## I. IDENTIFYING INFORMATION

License #:	AS820409376
Licensee Name:	Medical Alternatives Inc
Licensee Address:	#120 24301 Catherine Ind. Dr Novi, MI 48375
Licensee Telephone #:	(248) 473-1139
Licensee/Licensee Designee:	Rochelle Greenberg
Administrator:	Daniel Eaton
Name of Facility:	Belleville Manor
Facility Address:	9812 Barkley Van Buren, MI  48111
Facility Telephone #:	(248) 302-1918
Original Issuance Date:	03/08/2022
Capacity:	5
Program Type:	TRAUMATICALLY BRAIN INJURED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/07/2022

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

Date of Health Authority Inspection if applicable: N/A

Insp	ection Type:	Interview and Observation	on 🖾 Worksheet 🔲 Full Fire Safety		
No.	of staff interviewed and of residents interviewed of others interviewed		2 2		
	Due to COVID-19.	llated pass observed? Yes [ lication record(s) reviewed?	☐ No ⊠ If no, explain. Yes ⊠ No ⊡ If no, explain.		
•	<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No I If no, explain. No meals prepared/served during the renewal inspection.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>				
•	Fire safety equipment a	and practices observed? Ye	s 🛛 No 🗌 If no, explain.		
	If no, explain.	pecial Certification Only)Ye ecked?Yes 🛛 No 🗌 If no			
•	No follow-up needed.	p? Yes			

• 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:

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Even though the front door ramp does not meet the measurement requirements of rule 400.14509 (2), 1 foot of rise in 12 feet of run, it measures 8 inches of rise in 10 feet of run, which creates a steep slope as residents exit.

### IV. RECOMMENDATION

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

Vancon Beellen

Vanita C. Bouldin Licensing Consultant

Date: 09/13/2022