



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 26, 2023

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

RE: License #: AS250010789  
**Dodge Road Home**  
**12228 W Dodge Road**  
**Montrose, MI 48457**

Dear Ms. Bhaskaran:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250010789
<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>Licensee/Licensee Designee:</b>	Jennifer Bhaskaran, Designee
<b>Administrator:</b>	Will Paige
<b>Name of Facility:</b>	Dodge Road Home
<b>Facility Address:</b>	12228 W Dodge Road Montrose, MI 48457
<b>Facility Telephone #:</b>	(248) 471-4880
<b>Original Issuance Date:</b>	10/16/1987
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/18/2023

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

Date of Environmental/Health Inspection if applicable: 11/01/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [redacted]

- 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.  
Home was viewed to have an adequate supply of food.
- 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:  
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:

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.**

Although the home has an appropriate fire door, the self-closing device was not working properly and the door would not close and/or latch on its own.

A corrective action plan was requested and approved on 01/18/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and special certification is recommended.



1/26/2023

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Christopher Holvey  
Licensing Consultant

Date