

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

ORLENE HAWKS DIRECTOR

March 24, 2023

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

RE: License #: AS330011149 Van Atta Rd Home 4817 Van Atta Rd Okemos, MI 48864

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:

• Corrections were made during on-site inspection.

Your license, and special certification have been 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) 284-9730.

Sincerely,

Jana Sippo

Jana Lipps, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

| License #: | AS330011149 | |
|-----------------------------|--|--|
| Licensee Name: | Alternative Services Inc. | |
| Licensee Address: | Suite 10 32625 W Seven Mile Rd Livonia, MI 48152 | |
| Licensee Telephone #: | (248) 471-4880 | |
| Licensee/Licensee Designee: | Jennifer Bhaskaran, Designee | |
| Administrator: | Bonnie Snider | |
| Name of Facility: | Van Atta Rd Home | |
| Facility Address: | 4817 Van Atta Rd Okemos, MI 48864 | |
| Facility Telephone #: | (517) 349-1244 | |
| Original Issuance Date: | 03/10/1982 | |
| Capacity: | 6 | |
| Program Type: | DEVELOPMENTALLY DISABLED | |

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 03/21/2 | 023 | |
|---|--|-----------|---------------------------|--|
| Date of Bureau of Fire Services Inspection if applicable: N/A | | | | |
| Date of Environmental/Health Inspection if applicable: 3/9/23 | | | | |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Adminis | trator | 2 5 | |
| • | Medication pass / simulated pass observed? | Yes 🖂 | No 🗌 If no, explain. | |
| • | Medication(s) and medication record(s) revie | wed? Y | es 🖂 No 🗌 If no, explain. | |
| • | Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain. Meal preparation / service observed? Yes No K If no, explain. Inspection did not take place during meal times. Fire drills reviewed? Yes No I If no, explain. | | | |
| • | Fire safety equipment and practices observe | d? Yes | 🛛 No 🗌 If no, explain. | |
| • | E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes 🛛 No [| • | | |
| • | Incident report follow-up? Yes $igtimes$ No $igcup$ If | no, expla | iin. | |
| • | Corrective action plan compliance verified? | Yes 🗌 | CAP date/s and rule/s: | |
| • | Number of excluded employees followed-up | ? | N/A 🖂 | |
| • | Variances? Yes \boxtimes (please explain) No \square The facility has a standing variance for Rule Part II forms. | | egarding Resident Funds | |

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.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

At the time of the on-site inspection paint cans were found being stored in the furnace room. These cans were removed and relocated during the inspection.

IV. RECOMMENDATION

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

03/24/23

Jana Lipps Licensing Consultant Date