



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 28, 2023  
Jennifer Bhaskaran  
Alternative Services Inc.  
Suite 10  
32625 W Seven Mile Rd  
Livonia, MI 48152

RE: License #: AS630306072  
**Brandon Hills**  
**3187 Hummer Lake Rd.**  
**Ortonville, MI 48462**

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:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License#:** AS630306072

**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

**Administrator:** Jennifer Bhaskaran

**Name of Facility:** Brandon Hills

**Facility Address:** 3187 Hummer Lake Rd.  
Ortonville, MI 48462

**Facility Telephone #:** (248) 627-4843

**Original Issuance Date:** 10/20/2011

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/27/2023

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

Date of Health Authority Inspection if applicable: 01/10/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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.  
It was not meal time during the onsite.
- 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.  
Incident report follow up is no longer applicable.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
LSR CAP Approved 01/12/21; 301(6), 301(10), 301(4), 312(4), 312(4) ( c),  
315(3), 205(4), 205(2), 203(1), 208(1)( e), 318(5), 803(5), 803(4), 205(5), 205(6),  
734(b)
- LSR CAP Approved 12/13/22; 803(3), 803(5), 301(4), 301(10), 301(9), 315(3),  
312(4)(b), 312(7), 312(2), 318(5), 313(4), 410(1)(d)
- SI CAP Approved 04/20/20; 303(2)
- SI CAP Approved 06/14/21; 208(3), 310(1)(d), 310(4), 206(2)
- SI CAP Approved 02/07/23; 311(1)(d), 302(5)(a), 311(1)(c ), 305(3) 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 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

**REPEAT VIOLATION ESTABLISHED**

**REFERENCE LSR 12/13/22 CAP APPROVED; 12/29/22**

During the first and second quarter in 2023, an evening fire drill was not completed. During the first quarter in 2023, a fire drill was completed at 10:00am, 3:00am, and 3:00pm. During the second quarter in 2023, a fire drill was completed at 4:00pm, 12:00am, and 4:00pm.

**R 400.14312 Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

**REPEAT VIOLATION ESTABLISHED**

**REFERENCE LSR 12/13/22 CAP APPROVED; 12/29/22**

Resident B's PRN's (Acetaminophen, Guaifenesin) were not in the home during the onsite. A refill request was made on or about a week ago.

**R 400.14312 Resident medications.**

**(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:**

**(b) Complete an individual medication log that contains all of the following information:**

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

**REPEAT VIOLATION ESTABLISHED**

**REFERENCE LSR 12/13/22 CAP APPROVED; 12/29/22**

Resident V's February MAR was missing a staff initial for his monthly injection. It was confirmed on the health care chronological log that Resident V received his injection in February by a nurse at an office however; the staff did not ensure that the nurse initialed the MAR.

**R 400.14318**

**Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

**REPEAT VIOLATION ESTABLISHED**

**REFERENCE LSR 12/13/22 CAP APPROVED; 12/29/22**

During the first and second quarter in 2023, an evening fire drill was not completed. During the first quarter in 2023, a fire drill was completed at 10:00am, 3:00am, and 3:00pm. During the second quarter in 2023, a fire drill was completed at 4:00pm, 12:00am, and 4:00pm.

A corrective action plan was requested and approved on 06/27/2023. 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 is recommended.

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with the first name "Sheena" and last name "Worthy" clearly legible.

Sheena Worthy  
Licensing Consultant

06/28/23  
Date