



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2024

Marlene Burgess
Alternative Community Living, Inc.
P. O. Box 190179
Burton, MI 48519

RE: License #: AS630012726
Rivers Edge
5345 Rivers Edge
Commerce, MI 48382

Dear Marlene Burgess:

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.
- You are to submit a Statement of Correction.

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 dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630012726
Licensee Name:	Alternative Community Living, Inc.
Licensee Address:	P. O. Box 190179 Burton, MI 48519
Licensee Telephone #:	(248) 505-1987
Licensee/Licensee Designee:	Marlene Burgess
Administrator:	Rochelle Novak
Name of Facility:	Rivers Edge
Facility Address:	5345 Rivers Edge Commerce, MI 48382
Facility Telephone #:	(248) 505-1987
Original Issuance Date:	01/31/1992
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2024

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

Date of Health Authority Inspection if applicable: 08/07/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: licensee designee

- 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.
did not occur during inspection
- 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 400.14312	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.

During the on-site inspection on 09/11/2024, I reviewed Resident A's medications and found the following errors:

- **Atorvastatin 20MG TAB:** take one tablet by mouth daily was given at 7AM on 09/11/2024, but staff did not initial the medication log.
- **Divalproex 500MG ER TAB:** take one tablet by mouth at bedtime was given at 8PM on 09/05/2024, but staff did not initial the medication log.
- **Famotidine 20MG TAB:** take one tablet by mouth daily was given at 7AM on 09/11/2024, but the staff did not initial the medication log.
- **Ketoconazole 2% SHA:** apply to affected area daily-lather and leave on for five minutes then rinse was applied at 7AM on 09/11/2024.
- **Loratadine 10MG TAB:** take one tablet by mouth daily was given at 7AM on 09/11/2024 but staff did not initial the medication log.
- **Metformin 500 MG TAB:** take two tablets (1,000G) by mouth twice a daily was given at 7AM on 09/11/2024, but staff did not initial the medication log.
- **Omeprazole 20MG CAP:** take one capsule by mouth daily was given at 7AM on 09/11/2024, but staff did not initial the medication log.
- **Risperidone 4MG TAB:** take one tablet by mouth twice daily was given at 8PM on 09/05/2024 and at 7AM on 09/11/2024 but staff did not initial the medication log.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 09/11/2024, the hot water temperature at the kitchen sink was at 121.1° Fahrenheit which is outside the safe range of 105°-120° Fahrenheit.

A corrective action plan was requested and approved on 09/11/2024. 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.



09/11/2024

Frodet Dawisha
Licensing Consultant

Date