



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2025

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

RE: License #: AS250350169
Investigation #: 2025A0576030
Macintosh House

Dear Jennifer Bhaskaran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS250350169
Investigation #:	2025A0576030
Complaint Receipt Date:	03/20/2025
Investigation Initiation Date:	03/25/2025
Report Due Date:	05/19/2025
Licensee Name:	Alternative Services Inc.
Licensee Address:	32625 W Seven Mile Rd., Suite 10 Livonia, MI 48152
Licensee Telephone #:	(248) 471-4880
Administrator:	Amber Harris
Licensee Designee:	Jennifer Bhaskaran
Name of Facility:	Macintosh House
Facility Address:	3186 Mac Avenue, Flint, MI 48506-2124
Facility Telephone #:	(810) 228-3950
Original Issuance Date:	12/23/2013
License Status:	REGULAR
Effective Date:	06/22/2024
Expiration Date:	06/21/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
Staff at Macintosh AFC have not offered any of the residents a community outing since December (2024), which is contrary to requirements in their Individual Plans of Service for at least two outings per month.	Yes

III. METHODOLOGY

03/20/2025	Special Investigation Intake 2025A0576030
03/25/2025	Special Investigation Initiated - Telephone Interviewed Teevia Brown, Genesee Health System Case Manager
03/31/2025	Contact - Document Sent Sent email to Patricia Shepard, Office of Recipient Rights (ORR)
04/02/2025	Contact - Document Received Received email from Patricia Shepard
04/03/2025	Inspection Completed On-site Interviewed Staff, Charis Brownly and Resident A
05/09/2025	Contact - Document Received Received email from Patricia Sheppard
05/09/2025	Contact - Telephone call made Left message for Teevia Brown, GHS Case Manager
05/09/2025	Contact - Face to Face Interviewed Staff, Teresa Roberts and Heavenly Willingham
05/09/2025	Contact - Telephone call made Interviewed Amber Harris, Program Manager
05/12/2025	Contact - Telephone call received Interviewed Teevia Brown
05/12/2025	Contact - Document Received Received resident documents

05/13/2025	APS Referral
05/13/2025	Exit Conference

ALLEGATION:

Staff at Macintosh AFC have not offered any of the residents a community outing since December (2024), which is contrary to requirements in their Individual Plans of Service for at least two outings per month.

INVESTIGATION:

On March 25, 2025, I interviewed Genesee Health System (GHS) Case Manager Teevia Brown. Case Manager Brown reported that she is the case manager for all 6 residents who reside at Macintosh House. It was reported to her that residents have not been on a community outing since December 2024. On May 12, 2025, Case Manager Brown reported that all 6 residents at Macintosh House have treatment plans that the home is supposed to follow. The residents have a requirement that they are to have 2 community integration activities per month. In March 2025, it was reported to Case Manager Brown that one of the residents had not been on any community outings since December 2024. Case Manager Brown goes to the home twice per month and checks resident documentation including resident activity logs. There were no activities documented for any residents in January 2024 or February 2024. Case Manager Brown takes into consideration “barriers” however there were no barriers in January 2024, and there may have been staffing issues in February 2024. According to Case Manager Brown, the home did not meet the treatment plan for all residents.

On March 31, 2025, I sent an email to Patricia Shepard, Genesee County Office of Recipient Rights (ORR) Investigator regarding the status of her investigation at Macintosh House. On April 2, 2025, Investigator Shepard advised she had not yet completed her investigation. On May 9, 2025, Investigator Shepard advised she completed her investigation and substantiated “suitable services” violations against the home manager for not ensuring Individual Plan of Service (IPOS) required outings are completed.

On April 3, 2025, I completed an unannounced on-site inspection at Macintosh House and interviewed Staff, Charis Brownly who reported she has been working at the facility for 3 weeks and works second shift. Staff Brownly denied any knowledge of the allegation. Staff Brownly has not gone on any community outings with residents during the time she has been employed at the facility. Staff Brownly reported she has been on duty when first shift staff arrived from outings with a couple residents however, she did not know where they had been.

On April 3, 2025, I interviewed Resident A regarding the allegations. Resident A reported staff take her on outings. Resident A has not been on a community outing for a couple of months. Resident A is supposed to have an outing every month and she is not sure she goes on an outing every month because she does not keep track. Resident A has gone to see a movie at the theatre however, she cannot recall the last time she went or what movie she watched. Resident A also likes to go shopping at Walmart or the dollar store and she cannot recall the last time she went shopping. Resident A goes out to eat sometimes and her favorite are McDonalds and Big Boy. Resident A would like to go out more and go shopping more.

On April 3, 2025, I viewed Resident B and Resident C at their home. Both residents appeared well and under no duress. I said "hi" to Resident C and he did not respond. I did not interview Resident B or Resident C as they are nonverbal.

On April 3, 2025, I reviewed Resident A's individual plan of service (IPOS). The plan requires that Resident A will engage in the community at least twice per month. The home staff and manager are responsible for offering outings for Resident A and ensuring transportation and staffing for the activity. The home manager is responsible for ensuring the activity is completed and documented. I reviewed Resident B's IPOS which requires that Resident B is offered 2 community activities per month. Staff are to document the activity, date, restaurant, etc. I reviewed Resident C's IPOS which requires Resident C to be provided with the opportunity for community integration activity multiple times per month. I reviewed Resident E's IPOS which revealed Resident E is to be provided with 2-4 community integration activities per month. Community integration involves an activity where Resident E will have contact with at least one other individual. I reviewed Resident F's IPOS which requires Resident F be provided the opportunity for community integration activity multiple times per month.

On May 9, 2025, I interviewed Staff Teresa Roberts at the facility. Staff Roberts reported that she did not work in December 2024. Regarding the allegations, Staff Roberts reported residents have been going on community outings, however maybe not so much in the winter. Residents go to the movies, go get ice cream, and go shopping at the malls in Saginaw, Birch Run, and Pontiac. They also go shopping at local stores such as 5 Below and Walmart. Residents go on outings as a group and individual outings as well. According to Staff Roberts, all residents have an "outing sheet" that staff are to document what outings residents have participated in. Staff may not be documenting community outings that residents participate in.

On May 9, 2025, I interviewed Staff Heavenly Willingham who has been employed at the facility for over 3 years. Regarding the allegations, Staff Willingham reported the residents last went on a community outing in April. Staff take residents to the movies, local parks during the summertime, and shopping. Sometimes residents do individual outings and other times all residents go on outings as a group. Staff Willingham believes staff are taking residents out for community outings twice per month.

On May 9, 2025, I interviewed the Program Manager, Amber Harris regarding the allegations. Manager Harris reported that the residents have participated in several outings in December 2024, January 2025, March 2025, and April 2025. In February 2025 there may have been weather and staffing issues that did not allow for community outings. The home also does several “in-home activities” according to Manager Harris. Manager Harris will email resident documentation.

On May 9, 2025, I viewed resident’s “Community Inclusion Log” which is where staff document resident community outings. I reviewed Resident A’s Community Inclusion Log and there were no activities listed for January 2025 or February 2025. In March 2025 it is documented that Resident A went to Genesee Health System (GHS). I reviewed Resident B’s Community Inclusion Log, and it indicated Resident B had one community out to McDonalds in March 2025. No other community outings were documented for January 2025 through March 2025 for Resident B. I viewed Resident C’s Community Inclusion Log which revealed Resident C no community outings for January 2025 through March 2025. I reviewed Resident D’s Community Inclusion Log and there were no activities listed for January 2025. In February 2025 Resident D went on a van ride on February 15, 2025. In March 2025, Resident D went to Walmart on March 9, 2025, and “enjoyed trying out all the toys.” I reviewed Resident E’s Community Inclusion Log which revealed one community outing on February 12, 2025, to Dollar General. Resident E had no outings documented for January 2025, or March 2025. I reviewed Resident F’s Community Inclusion Log for February 2025, and no community outings are documented. In March 2025, it is documented that Resident F went to McDonalds on March 8, 2025.

On May 12, 2025, I reviewed resident funds sheets for Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F for March 2025. All 6 residents had one transaction receipt for either meals or shopping.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	It was alleged that residents are not provided with community outings twice per month as required by their IPOS. Upon conclusion of investigative interviews and a review of documentation, there is a preponderance of evidence to conclude rule violation.

	<p>Resident A was interviewed and reported she has not been on a community outing for a couple months. Resident A's IPOS requires she be provided with 2 community outings per month and the outings are to be documented. A review of Resident A's community inclusion log for January 2025 and February 2025 reveal no community outings. Other residents IPOS and community inclusion logs reveal the IPOS requirement of community activities is not being met for residents living at Macintosh House.</p> <p>There is a preponderance of evidence to conclude residents are not being provided personal care as specified in their written assessment plan.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On May 13, 2025, I conducted an exit conference with Licensee Designee, Jennifer Bhaskaran. I advised Licensee Designee Bhaskaran I would be requesting a corrective action plan for the cited rule violation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan no change in the license status is recommended.



5/13/2025

Christina Garza
Licensing Consultant

Date

Approved By:



5/13/2025

Mary E. Holton
Area Manager

Date