



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2025

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Amanda Blasius".

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

**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: Jeremy Hagerman

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 of On-site Inspection(s): 07/16/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: 12/17/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

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.
- 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: 2/14/25: 206(2), 311(1)d, 311(2), 311 (3), 312 (4)b, 312 (2), 401 (5), 410 (5), 402 (6), 403 (2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A 315(3)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a two year regular adult foster care license.



07/17/2025

Amanda Blasius
Licensing Consultant

Date