



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 8, 2025

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

RE: License #: AS500247961  
**Soaring Heights**  
**48172 Sugarbush**  
**Chesterfield Twp., MI 48047**

Dear Ms. Bhaskaran:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500247961
<b>Licensee Name:</b>	Alternative Services Inc.
<b>Licensee Address:</b>	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
<b>Licensee Telephone #:</b>	(248) 471-4880
<b>Licensee/Licensee Designee:</b>	Jennifer Bhaskaran
<b>Administrator:</b>	Jennifer Bhaskaran
<b>Name of Facility:</b>	Soaring Heights
<b>Facility Address:</b>	48172 Sugarbush Chesterfield Twp., MI 48047
<b>Facility Telephone #:</b>	(248) 471-4880
<b>Original Issuance Date:</b>	06/05/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/06/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: LD and Administrator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Reviewed medications with staff.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
CAP date 08/24/2023- AS301(10), AS313(4) 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:

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	<b>(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category.</b>
The last E-Score was completed on 07/02/2024. An updated annual evacuation assessment needs to be completed.	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b>
Resident A's Funds Part 1 form was completed incorrectly. The Funds Part 1 form indicated that the home was managing cash for Resident A, however, licensee stated that they were not holding cash for Resident A.	
<b>R 400.14402</b>	<b>Food service.</b>
	<b>(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.</b>

During the onsite inspection, I observed that the refrigerator and freezer in basement were not equipped with thermometers.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Kristine Cilluffo*

08/08/2025

Date

Licensing Consultant