



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



NICK LYON  
INTERIM DIRECTOR

January 15, 2015

Phyllis Wagner  
Adult Learning Systems-Lower Michigan  
Suite F  
8170 Jackson Road  
Ann Arbor, MI 48103

RE: Application #: AS580360520  
Vivian Home  
2563 Vivian Road  
Frenchtown, MI 48162

Dear Mrs. Wagner:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (313) 456-0380.

Sincerely,

Pandrea Robinson, Licensing Consultant  
Bureau of Children and Adult Licensing  
Cadillac Pl. Ste 11-350  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS580360520

**Applicant Name:** Adult Learning Systems-Lower Michigan

**Applicant Address:** Suite F  
8170 Jackson Road  
Ann Arbor, MI 48103

**Applicant Telephone #:** (888) 879-9111

**Administrator/Licensee Designee:** Phyllis Wagner

**Name of Facility:** Vivian Home

**Facility Address:** 2563 Vivian Road  
Frenchtown, MI 48162

**Facility Telephone #:** (734) 384-3506

**Application Date:** 04/09/2014

**Capacity:** 6

**Program Type:** MENTALLY ILL

## II. METHODOLOGY

04/09/2014	Enrollment
04/14/2014	Contact - Document Sent Rule and Act Books
04/14/2014	Application Incomplete Letter Sent 1326 and Livescan 1326 livescan for Phyllis Wagner
08/01/2014	Contact - Document Received 1326 for Phyllis Ann Wagner
08/01/2014	Application Complete/On-site Needed
08/01/2014	File Transferred To Field Office Detroit
09/03/2014	Application Incomplete Letter Sent Mailed certified to applicant Phyllis Wagner.
11/03/2014	Comment Received policies and procedures from applicant, Phyllis Wagner.
11/12/2014	Contact - Telephone call made Spoke with licensee designee, Phyllis Wagner, advising her that several documents are still missing.
11/14/2014	Contact - Document Received Received previously requested policy and procedure documents via electronic mail from executive director of Adult Learning Systems, Sherri Turner.
11/20/2014	Contact - Document Sent Emailed applicant/licensee designee Phyllis Wagner, requesting additional required documents that were not in the previously sent policy and procedures.
12/03/2014	Contact - Document Received Received requested documents from applicant/licensee designee.
12/12/2014	Inspection Completed On-site
12/12/2014	Inspection Completed-BCAL Sub. Compliance
12/17/2014	Confirming Letter Sent
01/06/2015	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is located in a well-established single-family subdivision on Vivian Street in Frenchtown, Michigan in the county of Monroe. The home is a large brick ranch style home with an attached 2-car garage. The home also has a full cement driveway that can accommodate additional parking of at least eight to ten vehicles. The home has easy access to a complete range of shopping, recreational, and health services in the immediate area.

The living, dining and recreation areas measure a total of 589 square feet of space; this exceeds the minimum of 35 square feet per resident requirement. The home is wheelchair accessible. Both approved means of egress are ground level and provide unobstructed entry and exit to and from the home and therefore do not require wheelchair ramps. Further, both doors that form a part of the approved means of egress are 36 inches wide and are equipped with positive-latching, non-locking against egress hardware.

The furnace and hot water heater are located on the main level of the home in a room that is constructed of material that has a 1-hour-fire-resistance rating. The hot water heater and furnace are located outside in the rear of the home. This room is equipped with a 1 ¾ inch solid core door that has an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
East	11'3"x18' 4"	206 sq. ft.	2
South	11'6"x 17'3"	190 sq. ft.	2
Southeast	17' x11' 6"	188 sq. ft.	2

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The

applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female adults whose diagnosis is mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Rule/Statutory Violations**

The applicant is Adult Learning Systems-Lower Michigan, Inc., which is a "Domestic Limited Liability Company", was established in Michigan, on 05/01/98. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Adult Learning Systems-Lower Michigan, Inc., has submitted documentation appointing Phyllis Wagner as Licensee Designee for this facility and Raymond Krzeminski as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The licensee designee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), Morpho Trust, and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the licensee designee has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee designee acknowledges their responsibility to maintain

a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Pandrea Robinson  
Licensing Consultant

01/15/15  
Date

Approved By:



Ardra Hunter  
Area Manager

01/15/15

Date