



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

September 4, 2003

Sherri Turner
Adult Learning Systems-Lower Michigan
1954 S Industrial
Ann Arbor, MI 48104

RE: Application #: AS500258194
LeeLane Ct
67799 Leelane Ct.
Richmond, MI 48062

Dear Ms. Turner:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (586) 412-6802.

Sincerely,

Carol Trombley, Licensing Consultant
Bureau of Family Services
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6836

cc: K. Western, Macomb County CMH

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS500258194
Applicant Name:	Adult Learning Systems-Lower Michigan
Applicant Address:	1954 S Industrial Ann Arbor, MI 48104
Applicant Telephone #:	(734) 668-7447
Administrator/Licensee Designee:	Sherri Turner, Designee
Name of Facility:	LeeLane Ct
Facility Address:	67799 Leelane Ct. Richmond, MI 48062
Facility Telephone #:	(586) 727-7101
Application Date:	03/17/2003
Capacity:	6
Program Type:	Mentally Ill-Wheelchair Accessible

II. METHODOLOGY

02/16/2003	Enrollment
06/30/2003	Contact - Telephone call made To Phyllis Wagner, the home administrator to schedule a preliminary inspection.
07/11/2003	Inspection Completed On-site Preliminary inspection completed.
08/12/2003	Inspection Completed On-site The purpose of this inspection was to conduct a final inspection. At the facility, it was found that the builder had not made the corrections that were cited at the preliminary inspection. A final inspection was not completed. Paperwork was reviewed with Phyllis Wagner and the home manager. A representative from Macomb County CMH was present during part of the time. Mrs. Wagner will contact this consultant when the facility is ready for a final inspection.
08/26/2003	Inspection Completed-Fire Safety : A Completed by this consultant, not OFS
08/26/2003	Inspection Completed On-site Final Inspection
08/26/2003	Inspection Completed-BFS Sub. Compliance
08/26/2003	Corrective Action Plan Received
08/26/2003	Corrective Action Plan Approved
08/26/2003	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a brick/vinyl ranch with a full basement. There are three bedrooms, two bathrooms, an office, smoke room, a TV room, a great room, kitchen, dinette, laundry room and an attached garage.

The furnace is forced gas air and is located in the basement. Water and sewage systems are public.

The following bedroom measurements are according to Rule 400.14409(3):

<u>Bedroom</u>	<u>Square Footage</u>	<u>Capacity</u>
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Northeast	142 Sq. Ft.	2
Northwest	154 Sq. Ft.	2
Southwest	150 Sq. Ft.	2

According to Rule 400.14405(1), the following rooms were measured for square feet of indoor living space:

<u>Living Space</u>	<u>Square Footage</u>
TV Room	180 Sq. Ft.
Great Room	315 Sq. Ft.
Dinette	133 Sq. Ft.
Smoke Room	160 Sq. Ft.

The above measurements for the bedrooms and indoor living space are sufficient for the proposed capacity of six (6) residents.

A fire safety approval has been given as a result of the final inspection.

B. Program Description

A. Quality of Care

The corporation was formed on May 1, 1998 for the purpose to implement or facilitate the implementation of services and programs for persons who are disadvantaged in order that they maintain their optimal level of functioning in the least restrictive environment possible. Populations serviced are persons labeled handicapped-physically and/or mentally ill, persons who may be chronically mentally ill, persons who speak English as a second language, women, and older adults who are in need of programs for the disadvantaged. The corporation is nonprofit. The corporation operates a number of licensed AFC homes in Michigan.

On June 23, 2003, the department received a license application for an adult foster care small group home, capacity for 1-6, six (6) mentally ill, male or female adults for the proposed home located at 67799 Leelane Ct., Richmond, Michigan, 48062.

This report is based upon the requirements of the adult foster care licensing statute, Act 218, Public Act of 1979, as amended, the small group home, capacity 1-6, the administrative rules and regulations, and on-site inspections conducted by the licensing consultant on 7-11-03, 8-12-03 and 8-26-03.

Adult Learning System-Lower Michigan, Inc.'s organizational chart has been received. Job descriptions have been submitted. The job descriptions have been reviewed and it has been determined that they do not conflict with licensing requirements. Copies of the corporation's personnel policies have also been submitted to the department for review and it has been determined they do not conflict with licensing requirements. The reorganized corporation has received permission from Adult Learning System, Inc. to copyright existing policy and procedures of the corporation.

The following corporation documents are in the file:

1. Certificate of Incorporation.
2. Articles of Incorporation.
3. Corporate By-Laws with Evidence of Adoption by the board of Directors.

B. Qualification and Competency:

Sherri Turner is the licensee designee and Phyllis Wagner is the home administrator.

The department has materials verifying that Ms. Turner and Mrs. Wagner possess the qualifications required by the Administrative Rules. In addition, licensing record clearance requests have been received and processed for both of them verifying their good moral character and suitability. References are also in the file. They indicate the Ms. Turner and Mrs. Wagner possess the moral character, maturity, and judgment necessary to be involved in the provision of adult foster care services. All reference sources indicate they do not know of any reason why these individual should not be approved to be involved in the provision of adult foster care. Current medical release and request for information forms have been received for Ms. Turner and Mrs. Wagner certifying them to be in good physical and mental health and having no limitations for work with or around adult foster care residents. Negative tuberculin test results have also been submitted for these individuals. A review of Ms. Turner's and Mrs. Wagner's prior experience and work history reveals they possess extensive experience and education in the human service field and in working with mentally ill and physically handicapped adults.

It is the policy of Adult Learning System-Lower Michigan, Inc. that all staff successfully completes the required in-service training program at the responsible agency. In addition to completing the required in-service training program at the responsible agency, the corporation provides ongoing in-service training to its employees.

At the inspection administrative rule requirements relating to accident records and incident reports as outlined by Rules 400.14311 and 400.14209 were discussed and Mrs. Wagner indicated it is the corporation's intent to insure compliance with these requirements.

At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to administrative structure and staff capabilities.

C. Program Statement

Leelane is a 24-hour, six bed home for chronically mentally ill women or men who require a structured setting. Support services will be provided in the least restrictive environment while promoting consumer choice. The contract agency is Macomb County CMH. 24-hour staff assistance is provided in the areas of personal hygiene, self care, medication management, medical care, social skills and recreational and vocational activities. Trained staff will assist participants to remain active in the community and to utilize community resources. They will assist participants in pursuing personal interests and hobbies. A home like atmosphere will be created that promotes individualism. There will be open and clear communication with the Contract agency. There will also be work toward developing more community resources for the adult population with psychiatric disorders and to maintain optimal health for participants. Area resources include, but are not limited to, churches, library, park and a community center.

A copy of the facility's admission/discharge policy has been submitted to the department for review and is acceptable as written.

Proposed daily schedules are currently being developed. The facility's staffing pattern has been reviewed and is determined to reflect the number and type of personnel, which will be scheduled for direct care in the facility, and will meet the minimum requirements for the department.

At final inspection, the facility was determined to be in compliance with administrative rule requirements relating to admission and discharge and programming.

C. Facility and Employee Records

At final inspection, the following documents were available for department review:

Admission Policy
Program Statement
Discharge Policy
Personnel Policies and Procedures
Emergency Preparedness Plans
Staff Schedules

At the inspection, specific requirements relating to each individual's document were explained to Mrs. Wagner and she indicated that it is the corporation's intent to assure compliance with these requirements. It has been determined that the corporation's personnel policy does not conflict with licensing requirements.

Departmental requirements relating to the maintenance of a resident register, as outlined under administrative Rule 400.14210 were explained to Mrs. Wagner. She also indicated that it is the corporation's intent to assure compliance in the area of facility and employee records.

D. Resident Care, Services and Records

At the inspection, administrative rule requirements relating to resident identifying information, health care appraisals, medication logs, health care chronologicals, resident care agreements, assessment plans, weight records, incident reports, resident funds and resident grievances were discussed with Mrs. Wagner as she indicated it is the corporation's intent to assure compliance with these requirements. Mrs. Wagner was provided with an initial supply of required department forms.

Prior to the expiration date of the temporary license, an on-sit inspection will be made to determine the facility's level of compliance in the areas of resident records.

Resident's rights as outlined in administrative Rule 400.14304 were discussed with Mrs. Wagner and she indicated it is the corporation's intent to assure compliance with this requirement.

It was noted that all medications would be kept in the original containers in a locked cabinet. Medications will be separated according to internal and external use. Only trained staff will be permitted to dispense medication.

Departmental requirements relating to resident nutrition, as outlined under administrative rule 400.14313, will be followed. Menus shall be written at least one week in advance and the licensee for one calendar year shall keep posted records of menus.

C. **Rule/Statutory Violations**

At the final inspection, the facility was determined to be in compliance with administrative rule requirements relating to environment, except for the following deficiencies:

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Weeds needed to be pulled on the outside of the facility.

Top soil needs to be added, and the lawn needs to be reseeded.

VIOLATION ESTABLISHED

R 400.14403

Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

More non-skid strips are needed in the shower stall.

VIOLATION ESTABLISHED

A corrective action plan has been received for the above violations.

IV. RECOMMENDATION

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

Carol Trombley
Licensing Consultant

Date

Approved By:

Candyce Crompton
Area Manager

Date