



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 23, 2020

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

RE: License #: AS470291455  
**Briarwood Home**  
**1746 Triangle Lake**  
**Howell, MI 48843**

Dear Ms. Turner:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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 #:** AS470291455

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

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

**Licensee Telephone #:** (734) 408-0112

**Licensee Designee:** Sherri Turner

**Administrator:** Tracie Shier

**Name of Facility:** Briarwood Home

**Facility Address:** 1746 Triangle Lake  
Howell, MI 48843

**Facility Telephone #:** (734) 755-4049

**Original Issuance Date:** 08/16/2007

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/16/2020  
Date of Bureau of Fire Services Inspection if applicable: N/A  
Date of Health Authority Inspection if applicable: pending inspection

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 6  
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. inspection was not during meal time.
- 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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

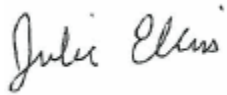
**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirement.

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

**IV. RECOMMENDATION**

Contingent upon approval of the environmental health inspection, renewal of the license is recommended.



07/23/2020

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Julie Elkins  
Licensing Consultant

Date