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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 26, 2022

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

RE: Application #: AS500412498
Evanston
35161 Evanston
Sterling Heights, MI 48312

Dear Ms. Turner:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500412498
Applicant Name:	Adult Learning Systems-Lower Michigan
Applicant Address:	Suite F 8170 Jackson Road Ann Arbor, MI 48103
Applicant Telephone #:	(734) 408-0112
Administrator/Licensee Designee:	Tracie Shier/Sherri Turner
Name of Facility:	Evanston
Facility Address:	35161 Evanston Sterling Heights, MI 48312
Facility Telephone #:	(734) 408-0112
Application Date:	04/11/2022
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

04/11/2022	Enrollment
04/28/2022	Application Incomplete Letter Sent 1326, AFC-100
05/25/2022	Contact - Document Received 1326 & AFC 100
06/15/2022	PSOR on Address Completed
06/16/2022	Application Incomplete Letter Sent
06/16/2022	File Transferred to Field Office
06/16/2022	Application Complete/On-site Needed
08/11/2022	Inspection Completed On-site
08/11/2022	Inspection Completed-BCAL Full Compliance
08/17/2022	SC-Application Received - Original
08/17/2022	SC-ORR Response Received-Approval
08/17/2022	SC-Recommend MI

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story, brick aluminum sided home located in a residential community in Sterling Heights, Michigan. The home has an attached garage and does not have basement. The facility has three bedrooms, living room, family room with adjoining dining area, a kitchen, two full baths as well as laundry room and staff office. The furnace and the water heater are located at the rear of the facility, accessed from the exterior of the building and is in a secure a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with 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
1	16' 7" x 11'2"	185	2
2	17' x 11'2"	190	2
3	17' x 11'2"	190	2

Total capacity: 6

The living, family, and dining, areas measure a total of 679.3 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 ambulatory or non-ambulatory adults whose diagnosis mentally who have chronic mental illness and no longer require inpatient psychiatric care but need the structure of a group home setting. Diagnosis may vary and include co-occurring disorders, developmental disabilities, and substance abuse issues. Recovery and improvement of functioning for the individuals served is the focus of the program. Maintaining adequate funding that will ensure community resources for the adult population with mental illness, and to maintain optimal health for participants.

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. Residents will be referred from: (Macomb County Community Mental Health).

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. Applicant and Administrator Qualifications

The applicant is Adult Learning Systems-Lower Michigan which is a "Non-Profit Corporation" established in Michigan, on 05/01/1998. Adult Learning Systems-Lower Michigan 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.

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

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

Ms. Turner is the licensee designee for 16 adult foster care homes throughout southeast Michigan. Ms. Turner has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Turner submitted her resume, which details that she obtained a bachelor's degree in Health Administration. Ms. Turner has been employed with ALS since February 1995. Ms. Turner's current position is Executive Director. In this position, she is responsible for 250 plus employees. She previously held the following positions with ALS: Program Director, Residential Manager Direct Care Worker, Executive/Accounting Assistance and Administrative Assistant. In addition to Ms. Turner's current, and past employment with ALS she has held the following positions: US Army Reserves-Chief Instructor/ Course Manager (Master Sergeant), Senior Instructor/Human Resources Specialist, and Flight Operations Supervisor. Ms. Turner has certifications in National Professional Human Resources, CPR/First Aid, Commission of Rehabilitation Surveyor and Certified Army Instructor. Ms. Turner has several awards, honors, and activities.

Tracie Shier has been employed with Adult Learning Systems LM since August 20, 2002. During this time Ms. Shier has provided residential services in various settings throughout our agency. As a direct care worker and home supervisor, she provided transportation, assistance with personal care, social, emotional and supervision of persons with developmental disabilities and mental illness. Ms. Shier has over 15 years supervisory experience which entails overseeing adult foster care licensed facilities to ensure all contractual requirements are met to include related regulatory guidelines at the state and local levels. Ms. Shier currently holds CPR1First Aid certification and contract agency training

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff-to-6 residents' day and afternoon shift and 1 staff-to-6 during the midnight shift. All staff shall be awake during sleeping hours.

The licensee designee Sherri Turner and the administrator Tracie Shier 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 1-to-6 resident ratio.

The licensee designee Sherri Turner and the administrator Tracie Shier 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee Sherri Turner and the administrator Tracie Shier 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 Sherri Turner, and the administrator Tracie Shier 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 Sherri Turner and the administrator Tracie Shier 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 applicant 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 the documents contained within each employee’s file.

The licensee designee Sherri Turner and the administrator Tracie Shier 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 Sherri Turner and the administrator Tracie Shier indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee Sherri Turner and the administrator Tracie Shier 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 applicant 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 Sherri Turner and the administrator Tracie Shier acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee Sherri Turner and the administrator Tracie Shier acknowledges their responsibility to obtain all 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 Sherri Turner, and the administrator Tracie Shier acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

The licensee designee Sherri Turner and the administrator Tracie Shier 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 licensee designee Sherri Turner and the administrator Tracie Shier 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 and special certification to this AFC adult small group home (capacity 1-6).

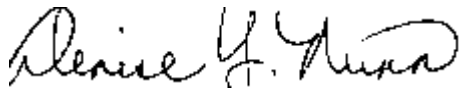


08/26/2022

LaShonda Reed
Licensing Consultant

Date

Approved By:



08/26/2022

Denise Y. Nunn
Area Manager

Date