



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 22, 2023

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

RE: License #: AS500413889
Jerome
37734 Jerome Dr.
Sterling Hgts, MI 48312

Dear Ms. Turner:

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) 975-5053.

Sincerely,

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

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500413889
Licensee Name:	Adult Learning Systems-Lower Michigan
Licensee Address:	Suite F 8170 Jackson Road Ann Arbor, MI 48103
Licensee Telephone #:	(734) 408-0112
Licensee/Licensee Designee:	Sherri Turner
Administrator:	Tracie Shier
Name of Facility:	Jerome
Facility Address:	37734 Jerome Dr. Sterling Hgts, MI 48312
Facility Telephone #:	(734) 408-0112
Original Issuance Date:	12/22/2022
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures 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:
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:

<p>R 330.1803</p>	<p>Facility environment; fire safety.</p>
	<p>(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 month from the date of the finding to either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</p>
	<p>An updated E-Score was not completed within 30 days of Resident A's admission to the home. Resident A was admitted to the home on 05/08/2023. The last E-Score was completed on 02/09/2023.</p>
<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before</p>

	<p>the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>
<p>Resident A was admitted to the home on 05/08/2023. Resident A's health care appraisal was dated 01/10/2023 and was not completed within the 90-day period before admission. Also, Resident A's health care appraisal was not on the department health care appraisal form.</p> <p>Resident B was admitted to the home on 01/24/2023. Resident B's health care appraisal was not completed until 03/08/2023.</p>	
<p>R 400.14312</p>	<p>Resident medications.</p>
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <ul style="list-style-type: none"> (a) Be trained in the proper handling and administration of medication. (b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures. (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Resident B's medication log indicated that she was given Azelastine 0.1% inhaler on 06/04, 06/05, 06/12, 06/13 and 06/14. Resident B did not have an inhaler in home and stated that she did not currently use an inhaler.

Staff initials were missing on Resident B's medication log for the following:

Fluticasone spray 50 MCG- 06/06, 06/11
 Lamotrigine 200 mg- 06/07
 Vitamin D2 1.25 MG- 06/05

Resident B had PRN medications including Proair HFA 90 MCG inhaler, Dicyclomine 20 mg, Sucralfate 1 mg, Kaopectate Max 30 ML and Acetaminophen 325 mg, listed on medication log that were not available in home. Resident B's medication log should be updated to remove any PRN medications that has been discontinued.

R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information.
<p>Resident A did not have a completed resident information record at time of inspection. Staff completed form during inspection.</p>	

IV. RECOMMENDATION

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



06/22/2023

Kristine Cilluffo
Licensing Consultant

Date