



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 14, 2023

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

RE: License #: AS500414565  
**Sass**  
**50084 Sass**  
**New Baltimore, MI 48047**

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**

<b>License #:</b>	AS500414565
<b>Licensee Name:</b>	Adult Learning Systems-Lower Michigan
<b>Licensee Address:</b>	Suite F 8170 Jackson Road Ann Arbor, MI 48103
<b>Licensee Telephone #:</b>	(734) 408-0112
<b>Licensee/Licensee Designee:</b>	Sherri Turner
<b>Administrator:</b>	Tracie Shier
<b>Name of Facility:</b>	Sass
<b>Facility Address:</b>	50084 Sass New Baltimore, MI 48047
<b>Facility Telephone #:</b>	(734) 408-0112
<b>Original Issuance Date:</b>	01/24/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12/2023

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 5

No. of others interviewed 0 Role: [REDACTED]

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

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<p><b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b></p> <p><b>(e)Verification of experience, education, and training.</b></p>
Staff, Jenna Jamerson, did not have verification of education in employee file.	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<p><b>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</b></p> <p><b>(f)Verification of reference checks.</b></p>
Staff, Jenna Jamerson, did not have verification of reference checks in employee file.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<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> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul>

Resident A's medication log listed Acetaminophen Tab 325 mg and Ibuprofen 800 mg. Licensee indicated that the medications have been discontinued.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
An evening fire drill was not completed for the second quarter of 2023.	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

07/14/2023

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Kristine Cilluffo  
Licensing Consultant

Date