



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 15, 2025

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

RE: License #: AS500082431
Investigation #: 2025A0612008
Meadow Lane

Dear Ms. Turner:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500082431
Investigation #:	2025A0612008
Complaint Receipt Date:	12/26/2024
Investigation Initiation Date:	12/30/2024
Report Due Date:	02/24/2025
Licensee Name:	Adult Learning Systems-Lower Michigan
Licensee Address:	Suite F 8170 Jackson Road Ann Arbor, MI 48103
Licensee Telephone #:	(734) 408-0112
Administrator:	Sherri Turner
Licensee Designee:	Sherri Turner
Name of Facility:	Meadow Lane
Facility Address:	48173 Meadow Lane Chesterfield, MI 48047
Facility Telephone #:	(734) 408-0112
Original Issuance Date:	02/08/1999
License Status:	REGULAR
Effective Date:	08/08/2023
Expiration Date:	08/07/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> • They give out expired medications. • They are not giving out the right amount of medication. 	Yes
The residents are not clean.	No
The bedding is not changed.	No
Additional Findings	Yes

III. METHODOLOGY

12/26/2024	Special Investigation Intake 2025A0612008
12/30/2024	Special Investigation Initiated - Letter Referral made to Adult Protective Services via electronic file.
12/30/2024	APS Referral Referral made to Adult Protective Services (APS) via electronic file.
01/06/2025	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed home manager Carol Szymczak, Resident A, Resident B, Resident C, Resident D, and Resident E.
01/06/2025	Contact - Document Received Resident service reports for hygiene and laundry goals received via email.
01/07/2025	Exit Conference I placed a telephone call to licensee designee, Sherri Turner to conduct an exit conference.

ALLEGATION:

- **They give out expired medications.**
- **They are not giving out the right amount of medication.**

INVESTIGATION:

On 12/30/24, LARA received an anonymous intake from that indicated the home gives out expired medications, they are not giving out the right amount of medication, they do not change the bedding, and the residents are not clean. On 12/30/24, I initiated this investigation by making a referral to Adult Protective Services (APS) via electronic file. On 01/02/25, I received notification that APS denied the referral for investigation.

On 01/06/25, I completed an unscheduled onsite investigation. I interviewed home manager Carol Szymczak, Resident A, Resident B, Resident C, Resident D, and Resident E.

On 01/06/25, I interviewed home manager Carol Szymczak. Ms. Szymczak stated the home previously had a medication coordinator. However, she ended her employment approximately one month ago. As a new medication coordinator has not been hired Ms. Szymczak is responsible for overseeing the resident's medications. Ms. Szymczak stated there have been no medication errors and all medications have been administered as they are prescribed.

On 01/06/25, I completed an unscheduled onsite investigation. I completed an audit of the medication cart. I observed that the medication cart was locked. I compared the physical medications on hand to the resident's January 2025 Medication Administration Record (MAR). All medications on hand were being administered as they were prescribed and consistent with what was written on the MAR. All resident MARs were completed thoroughly and accurately. While auditing the med cart I observed that the following medications were expired:

Resident E

- Acetaminophen 500 mg -Take 1 tablet by mouth three times daily as needed for pain. Discard after 12/13/2024.
- Ibuprofen 200 mg – Take 1 tablet by mouth every 6 hours as needed for pain. Discard after 12/14/2024.
- Albuterol HFA 90 mcg – inhale two puffs into the lungs every 6 hours as needed for wheezing. Discard after 12/13/2024.
- Milk of Magnesia – Take 1 TBS by mouth as need. Discard after 02/06/2024.

Resident C

- Acetaminophen 500 mg – Take 2 tablets by mouth every 6 hours as needed for headaches. Discard after 08/24/2024.

“House medications”

- Guaifensin Liquid USP 100 mg - The label is worn off; dosage and discard instructions are unreadable.
- Milk of Magnesia Suspension – no dosage instructions on label. Discard after 12/07/2024.
- Bismuth Subsalicylate 525 mg. Discard after 04/23/2024.
- Acetaminophen 325 mg. Discard after 04/23/2024.
- Triple Antibiotic Ointment - The label is worn off; dosage and discard instructions are unreadable.

On 01/06/25, I interviewed Resident A, Resident B, Resident C, Resident D and Resident E. All residents consistently reported that they receive their medications as they are prescribed. They reported no issues or concerns related to medication. All residents stated that they take their medications daily, they do not refuse.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(1) licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: (a) Medications.
ANALYSIS:	<p>Based on the information gathered through this investigation there is sufficient information to conclude that the home has expired medications on hand. On 01/06/25, during an unscheduled onsite investigation I conducted an audit of the medication cart. I observed that there were 8 expired medications in the medication cart and on 2 of the medications the label was worn off and dosage and discard instructions were unreadable. The expired medication bottles indicate a discard date in the written instructions.</p> <p>There is however insufficient information to conclude that the home is not giving out the right amount of medication. I compared the physical medications on hand to the residents January 2025 Medication Administration Record (MAR). All medications on hand were being administered as they were prescribed. All resident MARs were completed thoroughly and accurately. Resident A, Resident B, Resident C, Resident D, and Resident E consistently reported that they receive their</p>

	medications as they are prescribed. They reported no issues or concerns.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The residents are not clean.

INVESTIGATION:

On 01/06/25, I interviewed home manager Carol Szymczak. Ms. Szymczak stated the residents are encouraged to shower at least biweekly however, they often refuse. Ms. Szymczak stated Resident A and Resident B have refused to shower for up to a month at a time. Resident D has refused to shower for 3- 4 weeks, but he will usually shower every two weeks with prompting. Ms. Szymczak stated the residents have hygiene products and fresh towels and they are regularly encouraged to shower. Each resident has a hygiene goal and the staff document on every shift if the resident has completed their hygiene.

On 01/06/25, I interviewed Resident A. Resident A stated he showered “once.” Resident A was unable/unwilling to report when he last showered or how often he usually showers. Resident A remarked, “I don’t like showers.” Resident A stated he has the option to shower regularly, and he is prompted to shower by staff, but he does not want to.

On 01/06/25, I interviewed Resident B. Resident B stated he showers once a week to biweekly. Resident B stated he does not want to shower more often than that.

On 01/06/25, I interviewed Resident C. Resident C stated he showers every other day.

On 01/06/25, I interviewed Resident D. Resident D stated he does not want to shower. Resident D was unable/unwilling to state how often he showers. Resident D stated he has the option to shower regularly, and he is prompted to shower by staff, but he does not always shower when staff ask him to.

On 01/06/25, I interviewed Resident E. Resident E stated he showers at least two times a week. Resident E stated he took a shower last night.

On 01/06/25, I completed an unscheduled onsite investigation. I observed that the home has fresh linens and hygiene products for residents to use while bathing. I observed that Resident A, Resident B, Resident C, Resident D, and Resident E were all dressed in weather appropriate clothing that was in good condition and not soiled. The residents and the home were odor free. I reviewed the weekly chore chart posted in the home that provides an assigned shower day for each resident.

I reviewed Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F's December 2024 service reports for hygiene. Personal hygiene includes bathing, changing clothes, and teeth brushing. All residents received prompts to complete hygiene by staff during the morning, evening, and as needed. It is regularly documented that Resident A, Resident B, Resident D, and Resident E refused to complete personal hygiene despite prompts. Resident C and Resident F will complete personal hygiene without any prompts on occasion. However, there are times that Resident C and Resident F will also refuse to complete personal hygiene despite being prompted by staff. Staff document that they are providing education to the residents on the importance of showering when the resident refuses.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	<p>Based on the information gathered through this investigation there is insufficient information to conclude that the residents are not offered the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene.</p> <p>Resident A, Resident B, Resident C, Resident D, and Resident E consistently stated that they have the opportunity to shower regularly. They are prompted to shower by staff however, they often decline to shower when staff prompt them too as they do not want to shower more regularly. The resident service reports for hygiene corroborate their testimonies. The logs indicate that all residents received prompts to complete hygiene daily during the morning shift, evening shift, and as needed. It is regularly documented that all the residents regularly refuse to complete their hygiene which includes bathing, changing clothes, and teeth brushing.</p> <p>On 01/06/25, during an unscheduled onsite investigation, I observed that the home has fresh linens and hygiene products for residents to use while bathing. Resident A, Resident B, Resident C, Resident D, and Resident E were all dressed in weather appropriate clothing that was in good condition and not soiled. The residents and the home were odor free. The home had a weekly chore chart posted that provided an assigned shower day for each resident.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The bedding is not changed.

INVESTIGATION:

On 01/06/25, I interviewed home manager Carol Szymczak. Ms. Szymczak stated residents can wash their bedding weekly. There is a weekly chore chart posted in the home and each resident has an assigned laundry day. Ms. Szymczak stated Resident A and Resident B will often remove the sheets off of their beds and sleep on top of the mattress pad with a blanket. Ms. Szymczak stated it is not uncommon for the residents to refuse to wash their sheets. The staff document on each shift when a resident's laundry is completed.

On 01/06/25, I interviewed Resident A. Resident A stated he is regularly asked to change the sheets on his bed, but sometimes he does not want to. Resident A stated he can wash his laundry and if needed staff will assist him.

On 01/06/25, I interviewed Resident B. Resident B stated he washes his bed sheets weekly.

On 01/06/25, I interviewed Resident C. Resident C stated he can wash his sheets whenever he wants to, however, sometimes he does not want to wash them. Resident C stated staff assist him with laundry if he needs it. Resident C stated he is happy with the cleanliness of his bedding and has no issues.

On 01/06/25, I interviewed Resident D. Resident D stated he can wash his sheets, and staff will assist him with laundry if needed. Resident D stated sometimes when he is asked to change his sheets, he does not want to wash them.

On 01/06/25, I interviewed Resident E. Resident E stated the staff wash his bedding whenever he urinates in his bed during the night.

On 01/06/25, I completed an unscheduled onsite investigation. I observed that Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F had bedding on their beds that was in good condition. Each bed had blankets, sheets, and a pillow. While onsite I reviewed the weekly chore chart that provided an assigned laundry day for each resident. Staff are assigned to laundry on Saturday and Sunday.

I reviewed Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F's December 2024 service reports for laundry. The report indicates that staff will prompt the resident to assist with laundry. Staff will complete laundry independently as needed.

APPLICABLE RULE	
R 400.14411	Linens.
	(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.
ANALYSIS:	<p>Based on the information gathered through this investigation there is insufficient information to conclude that the residents bedding is not changed.</p> <p>Per Resident A, Resident B, Resident C, Resident D, Resident E and Resident F's laundry service reports staff prompt the resident to assist with laundry and if they refuse staff will complete laundry independently. During an unscheduled onsite investigation completed on 01/06/25, I observed that Resident A, Resident B, Resident C, Resident D, Resident E and Resident F had bedding on their beds, the bedding was in good condition and unsoiled. Each bed had blankets, sheets, and a pillow. The residents indicated that they have the opportunity to wash their bedding however, they sometimes choose to decline. The home has a chore chart that provides an assigned laundry day for each resident.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During an onsite inspection completed on 01/06/25, in bathroom # 1 I observed that when the shower is on, and water is running out of the shower head the water simultaneously runs out of the bathtub spout. Home manager Carol Szymczak stated that the shower diverter is broken. I also observed that in bathroom # 2 the shower tile on the floor has broken/ missing tiles.

On 01/07/25, I placed a telephone call to licensee designee, Sherri Turner to conduct an exit conference and review my findings. Ms. Turner stated residents refusing to shower is an ongoing issue, it is documented in their Individual Plans of Service and staff chart on it daily. Ms. Turner agreed to follow up with the homeowner to address the maintenance repairs needed. Ms. Turner stated an internal medication audit was completed on 12/16/24, and identified the expired medications however, they had not

yet corrected the issue. Ms. Turner acknowledge that a corrective action plan was required.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
ANALYSIS:	Based on my observation during the onsite inspection the plumbing fixture (shower diverter) in bathroom # 1 is not in good repair as it is not working properly. Additionally, the shower tile in bathroom # 2 is broken/ missing tiles and is in need of repair.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend that this special investigation be closed with no change to the status of the license.

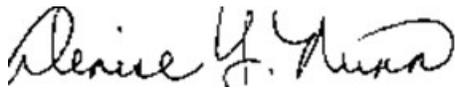


01/07/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



01/15/2025

Denise Y. Nunn
Area Manager

Date