



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 20, 2024

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

RE: Application #: AS470418919
Oak Grove
3485 Oak Grove Road
Howell, MI 48845

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 (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

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS470418919

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: Oak Grove

Facility Address: 3485 Oak Grove Road
Howell, MI 48845

Facility Telephone #: (734) 408-0112

Application Date: 10/19/2024

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

10/19/2024	On-Line Enrollment.
10/21/2024	PSOR on Address Completed.
10/21/2024	Contact - Document Sent forms sent.
11/08/2024	Contact - Document Received 1326/RI030.
11/21/2024	File Transferred to Field Office.
11/21/2024	Application Incomplete Letter Sent.
12/04/2024	Contact - Document Received.
12/06/2024	Contact - Document Sent documents still needed.
12/12/2024	Contact - Document Received.
12/13/2024	Contact - Document Received.
12/18/2024	Inspection Completed On-site-full compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is located in rural Howell Township, four miles North of the City of Howell. Howell Township is in central Livingston County, on the north and west sides of the City of Howell, the county seat. Interstate 96 passes through the southern part of the township, with access from Exit 133 (Highway M-59). I-96 leads west 33 miles to Lansing and southeast 57 miles to Detroit, while M-59 leads east 37 miles to Pontiac.

The home is a one-story corner lot ranch built in 1967, sits on 1.85 acres and a total of 2,424 square feet. The front of the house has a small deck which faces Oak Grove Road and serves as a secondary egress. The primary egress, which is off the driveway at the side of the residence, is the usual entrance/egress for daily activity and is located on Baron Road. The rear of the facility has an additional egress into a large courtyard. The home has two wheelchair ramps, one at the primary egress off the main driveway and the second one at the front of the home, which leads directly to the gathering area designated by the emergency evacuation plan. The home is wheelchair accessible and can accept non-ambulatory residents.

The main level of the facility consists of a large living room, large dining room, kitchen, two full bathrooms, an activity room and three resident bedrooms. The facility has two full bathrooms available for resident use. The resident bathroom located on the west side of the facility has a large walk-in/roll in shower. The second full resident bathroom

is located just off the primary entrance close to the kitchen, dining area and the family room and has a step-in shower. The facility has a basement and the facility's furnace, hot water heater and laundry room is located in separate room in the basement. Floor separation has been established at the top of the basement stairs with a solid wood core 2 hour rated fire door that is equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with central air conditioning. All smoke detectors are hard-wired into the structure's electrical system and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms, living and activity areas measured as follows:

Bedroom #1	10.75" X 12.33"	132.50 square feet	2 residents
Bedroom #2	12.08" X 15.75"	190.26 square feet	2 residents
Bedroom #3	12.17" X 12.50"	152.10 square feet	2 residents
Living Room	18.33" X 30.25"	549 square feet	
Activity Room	14.0" X 12.0 "	168 square feet	

The indoor living and dining areas measures over 1,100 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The facility does have a basement. Laundry appliances are not regularly accessed by the residents. Residents do not do their own laundry but may aid in folding clothes should their assessment plan indicates this is appropriate. Based on the above information, this facility can accommodate six residents.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, is fully operational and was inspected on 08/05/2024 by Fire Pros Fire Protection. All smoke detectors are hard-wired into the structure's electrical system and are located in all sleeping areas, kitchen, and living areas. The facility has a public water supply and sewage disposal system. The facility had a heating and cooling inspection completed on 10/31/2024. MAS Mechanical LLC inspected the furnace and hot water heater and everything was found to be in good working order.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six female and male residents and who are diagnosed with developmental disability and/or mental illness. The applicant's program statement is to serve the developmentally disabled and mentally ill population experiencing limitations which prevent them from living without constant supervision and assistance. The program's goal is to create a peaceful and loving environment while efficiently and completely caring for the loved ones entrusted to them. Each resident will receive assistance as identified in their assessment plan and kept as active as possible by engaging each resident in meaningful activities. The applicant encourages family members to visit and actively engage with their loved ones. Shirley Turner submitted admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

The applicant will ensure transportation is available for program and medical needs. Facility direct care staff members will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, local parks, recreational activities and planned resident outings as a source of entertainment.

Sherri Turner in collaboration with facility direct care staff members will continually assess residents and make changes as necessary to meet residents' needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Community Mental Health. 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. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Adult Learning System-Lower Michigan, LLC., a "Non- Profit Corporation", established in Michigan on May 1, 1998. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate their financial capability to operate this adult foster care facility.

The Board of Directors has submitted documentation appointing Sherri Turner as licensee designee and Tracie Shier as administrator for this facility. Criminal history background checks were completed and both Sherri Turner and Tracie Shier were determined to be of good moral character to provide licensed adult foster care. Both Sherri Turner and Tracie Shier submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The licensee designee Sherri Turner provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Sherri Turner is the licensee designee for at least 17 adult foster care homes throughout southeast Michigan. Ms. Turner provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Turner submitted her resume, which detailed obtaining a bachelor's degree in health administration. Ms. Turner has been employed with Adult Learning Systems-Lower Michigan 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.

The administrator Tracie Shier has been employed with Adult Learning Systems-Lower Michigan since August 20, 2002. During this time Ms. Shier has worked with developmentally disabled and mentally ill residents in as a direct care worker and a home supervisor. Ms. Shier has been responsible providing transportation, assistance with personal care, social and emotional wellbeing along with 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 is currently the administrator of eight other licensed adult foster care homes with Adult Learning Systems-Lower Michigan all of which are in good standing.

Sherri Turner reported there will be at least one staff members per shift but will adjust the staff ratio as the number of residents grows and to ensure that the safety, supervision and care of the residents are met in accordance with the resident's written assessment plan. Staff members will be awake during all shifts including the midnight shift.

Sherri Turner acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Sherri Turner acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee designee Sherri Turner will administer medication to residents. In addition, applicant Sherri Turner has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Sherri Turner acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Sherri Turner acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on at least an annual basis. Sherri Turner acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Sherri Turner acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition,

applicant Sherri Turner acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Sherri Turner an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Applicant Sherri Turner acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

Sherri Turner acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Sherri Turner indicated the intent to respect and safeguard these resident rights. Sherri Turner acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Sherri Turner acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Rule/Statutory Violations

Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.

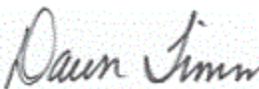


12/20/2024

Julie Elkins
Licensing Consultant

Date

Approved By:



12/20/2024

Dawn N. Timm
Area Manager

Date