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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2026

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

RE: Application #: AS810420558
Yost
2706 Yost Blvd.
Ann Arbor, MI 48104

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 (313) 456-0380.

Sincerely,

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AS810420558
Licensee Name:	Adult Learning Systems-Lower Michigan
Licensee Address:	Suite F 8170 Jackson Road Ann Arbor, MI 48103
Licensee Telephone #:	(734) 408-0112
Administrator/Licensee Designee:	Sherri Turner, Designee
Name of Facility:	Yost
Facility Address:	2706 Yost Blvd. Ann Arbor, MI 48104
Facility Telephone #:	(734) 408-0112
Application Date:	04/21/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/21/2026	On-Line Enrollment
04/23/2026	PSOR on Address Completed
04/23/2026	Contact - Document Sent forms sent via email sturner@als-lm.org
07/20/2026	Contact - Document Received 1326/RI030, AFC 100
07/21/2026	Inspection Completed On-site
07/21/2026	Application Incomplete Letter Sent
07/21/2026	Application Complete/On-site Needed
07/22/2026	SC-Application Received - Original
07/23/2026	SC-Certification issued DD
07/23/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a formerly licensed AFC (AS810419261) located in a residential neighborhood. It is a bi-level with one bedroom in the lower level which has 2 approved means of egress and an egress window. The facility's second floor consists of 3 resident bedrooms and 1 full bathroom. The second floor bathroom consists of a toilet, sink, a tub/shower combination, and window and mechanical fan for ventilation. The facility has a full kitchen, dining area, and living room.

The facility uses public water and public sewer and is not wheelchair accessible. The furnace and hot water heater are located in the lower level in a separate enclosed room vented to the outside. The washer and gas dryer are also located in this room, but outside the enclosed room, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with a wireless interconnected smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Inspected on 5/6/2026. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor. and in the basement.

Due to the facility's location, it utilizes both public water and sewage system which were both inspected by the Bureau of Community Health Systems on 7/21/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The facility is owned by Washtenaw County CMH which was verified by a copy of the deed. The facility is leased to the licensee along with permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property. There is an operations contract on file between Washtenaw Co. CMH and Adult Learning Systems-Lower Michigan who agrees to perform all operations at the facility.

The facility is equipped with a wireless interconnected smoke detection system identified as Kidde with battery backup, which was installed by a licensed electrician and is fully operational. The smoke alarms were inspected on 5/6/2026 and determined to be in the correct locations, interconnected, and functioning properly.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Lower level	(8'x7'6") +(17'4"x10'6")	242	2
SW	10'8"x11'	117	1

SE	10’9”x13’6”	145	2
NE	9’9”x10’6”	102	1

The living, dining, and sitting room areas measure a total of 509 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, standard procedures and a visitation policy that addresses overnight visitors 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 or female ambulatory adults whose diagnosis is developmentally disabled in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant’s program will also provide individualized support adapted to each resident’s cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals. Residents will be referred from Washtenaw County CMH.

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.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident’s social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. The applicant shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Adult Learning Systems-Lower Michigan, Inc., which is a “Non-Profit Corporation” was established in Michigan, on 05/01/1998. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant 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.

The Board of Directors of Adult Learning Systems-Lower Michigan, Inc. have submitted documentation appointing Sherri Turner as Licensee Designee for this facility and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Sherri Turner. Sherri Turner submitted a medical clearance with a statement from a physician documenting her good health, and verification she has a baseline screening for communicable diseases and records of illness dated 4/23/2026.

Sherri Turner has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Sherri Turner has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Sherri Turner also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

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

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant 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 applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant 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 applicant 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 applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3 - 6).

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Jeffrey J. Bozsik Date: 7/23/2026
Licensing Consultant

Approved By:

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Ardra Hunter Date: 7/30/2026
Area Manager