



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

April 18, 2005

Sherri Turner
Adult Learning Systems-Lower Michigan
1954 S Industrial
Ann Arbor, MI 48104

RE: Application #: AS810266894
Cherrywood
3600 Cherrywood
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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 780-7159.

Sincerely,

Patricia C. Sperti, Licensing Consultant
Office of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 780-7579

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS810266894

Applicant Name: Adult Learning Systems-Lower Michigan

Applicant Address: 1954 S Industrial
Ann Arbor, MI 48104

Applicant Telephone #: (734) 668-7447

Administrator/Licensee Designee: Sherri Turner, Designee

Name of Facility: Cherrywood

Facility Address: 3600 Cherrywood
Ann Arbor, MI 48104

Facility Telephone #: (734) 369-3191

Application Date: 05/05/2004

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

| | |
|------------|---|
| 05/05/2004 | Enrollment |
| 05/12/2004 | Comment Trans. for on-site |
| 05/12/2004 | Inspection Report Requested - Health |
| 06/10/2004 | Inspection Completed – Health -Approved |
| 10/28/2004 | Contact - Telephone call made left message for administrator re: scheduling on-site. |
| 11/10/2004 | Inspection Completed On-site |
| 11/10/2004 | Inspection Completed-BFS Sub. Compliance original |
| 11/18/2004 | Corrective Plan Requested and Due on 12/01/04 |
| 11/24/2004 | Contact - Document Received – incomplete response received. |
| 2/3/2005 | Contact – Requested information not included in report of 11/18/2004 |
| 03/15/2005 | Contact – Document and forms sent. Medical clearance request forms sent to licensee designee and administrator, current forms dated 2003. |
| 03/30/2005 | Contact – Documents received. Medical clearance received for proposed administrator. |
| 04/05/2005 | Contact - Document sent. Incomplete application letter sent. |
| 04/12/2005 | Contact - Document received. Medical clearance received for proposed licensee designee. |
| 04/13/2005 | Licensing Study Report Generated |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located on a private, dirt road on the outskirts of Ann Arbor (between Ann Arbor and Dexter). Because the home is on a private road, the corporation and the contract agency have worked for months to reach an agreement regarding snow removal with the neighbors. Due to the extensive length of the ramps around the home itself, the facility has purchased two snow blowers.

The front entrance of the facility is ramped. The front entrance opens to a large living area and adjoining dining area and kitchen. The living area of the facility measures 462 square feet. Off the kitchen is the entrance to the basement, which is not licensed for resident use. Also off the kitchen is a corridor to a bathroom and two resident bedrooms, each with its own full bathroom. One of the bathrooms has a roll-in shower for wheelchair use. This same corridor also contains the facility laundry room, electric service and smoke detection control panel.

Off the living area (to the East) is a corridor to the facility office and three resident bedrooms. This corridor also has a full bathroom, which adjoins one of the resident bedrooms. The rear of the facility contains six large exit doors, which open to an extended, ramped walkway. The facility sits on a large, partially wooded lot.

The facility heat plants and hot water heater are located in the facility basement.

The bedrooms are located and measure as follows:

| | |
|--------------------------|-------------------------------|
| West corridor bedroom #1 | 9'4"X11'=103 square feet (1)* |
| West corridor bedroom #2 | 15'X12'=180 square feet (2) |
| East corridor bedroom #1 | 11'X11'=121 square feet (1) |
| East corridor bedroom #2 | 11'X11'=121 square feet (1) |
| East corridor bedroom #3 | 15'X12'=180 square feet (1) |

*() Represents the number of licensed beds.

The facility is served by a private well and septic system. The system received an approval on 6/10/04 from the Washtenaw County Health Department.

Garbage service is provided weekly by Disposal Management.

The facility heating and cooling system is served by two natural gas fired forced air furnaces. Each furnace includes its own central air-conditioning system for the facility. A natural gas fired boiler with a mixing valve heats the facility hot water system.

The facility living room contains a wood-fired fireplace. This fireplace has been made inoperable by a chain and lock.

The facility has an interconnected, hard-wired smoke detection system with covers the whole facility. Each resident bedroom contains a hard wired smoke detector.

B. Program Description

1. Administrative Structure and Capability

Adult Learning Systems of Lower Michigan is the corporate applicant. Sherri Turner is the Licensee Designee for the facility. Ms. Turner has a Bachelor degree in Health Administration. Ms. Turner is certified in CPR and First Aid and was certified in the Department of Community Health Residential Curriculum. Ms. Turner has worked with individuals with developmental and physical disabilities and those with mental illness since 1998. She is the CEO for Adult Learning Systems of Lower Michigan. Ms. Vicki Green is the Administrator for the facility. Ms. Green has a high school diploma and has attended college. She is certified in CPR and First Aid and received training for direct care staff in 1987. She worked for Adult Learning Systems of Lower Michigan as a Vocational Specialist. Ms. Green has worked as an administrator of adult foster care homes for residents who are physically and developmentally disabled and those who have mental illness since 1999.

The application and supporting documentation have been received and found to be in substantial compliance with the rules pertaining to the administrative capabilities of the applicant.

2. Program Information

The program will serve developmentally and physically disabled adults and individuals with mental illness who are ages 18 and older. The facility can accommodate wheelchairs. The facility will have four permanent residents and two beds for residents in need of respite care. The corporation has a service contract with the Washtenaw Community Health Organization. No smoking will be allowed inside the facility.

3. Facility and Staff Records

Ms. Turner provided a job description, personnel policies, procedures and practices for the administrator and staff to follow. The licensing medical clearance request form indicates Ms. Turner, licensee designee, received a physical health appraisal on 3/11/05 and negative TB test results on 3/9/05. The licensing medical clearance request form indicates Ms. Green, the administrator, received a physical health appraisal on 3/23/05 and negative TB test results on 3/13/05.

