

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING



February 13, 2006

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

RE: Application #: AS500280075

Sugarbush Home 47474 Sugarbush

Chesterfield, MI 48051

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.

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (248) 975-5053.

Sincerely,

Maureen J. Fisher, Licensing Consultant

Office of Children and Adult Licensing Suite 358 41000 Woodward Bloomfield Hills, MI 48304 (586) 412-6832

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #: AS500280075

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: Sugarbush Home

Facility Address: 47474 Sugarbush

Chesterfield, MI 48051

Facility Telephone #: (586) 948-1580

10/27/2005

Application Date:

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

10/27/2005	Enrollment
10/31/2005	Application Incomplete Letter Sent 1326 for Sherri Turner, Designee and Phyllis Wagner, Administrator
11/09/2005	Application Complete/On-site Needed
12/22/2005	Application Incomplete Letter Sent
01/12/2006	Inspection Completed On-site A preliminary inspection was completed.
01/12/2006	Application Incomplete Letter Sent For the preliminary inspection. Refers to the confirming letter sent.
02/10/2006	Inspection Completed On-site
02/10/2006	Inspection Completed-BFS Sub. Compliance
02/10/2006	Corrective Action Plan Received
02/10/2006	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sugarbush Home is a two-story, stone and vinyl-sided house located in the suburban city of Chesterfield in Macomb County. The house features a living room, family room, kitchen with dinette, one bedroom with an attached bath, a laundry room, and a ½ bath. The second floor features three bedrooms and one full bath. The house has an attached two-car garage and does not have a basement. The boiler and hot water heater are located near the rear of the house. The home features an electrically-powered interconnected hard-wire smoke detection system with battery backup installed by a certified electrician; however, the alarms located in the laundry and furnace rooms are not interconnected to the rest of the system. I conducted a fire safety inspection on 2/10/2006 and found the facility to be in full compliance with applicable fire safety rules and regulations at that time. The plumbing, electrical, and heating systems were all in good working condition at the time of inspection.

The home and surrounding community are serviced by public water and sewage systems.

The dimensions of the rooms within the facility are as follow:

Square footage	
194 square feet	
358 square feet	
106 square feet	
Square footage	Capacity
192 square feet	2
127 square feet	1
164 square feet	2
122 square feet	1
	194 square feet 358 square feet 106 square feet Square footage 192 square feet 127 square feet 164 square feet

The above measurements for the bedrooms and indoor living space are sufficient for the proposed capacity of six residents. The facility is not wheelchair accessible.

The applicant, Adult Learning Systems-Lower Michigan, is an experienced provider of adult foster care services. They currently operate 14 facilities located in Macomb, Oakland, Livingston, Monroe, and Washtenaw counties. Sherri Turner has been named as the licensee designee and Phyllis Wagner has been named as the administrator for this facility. Both Ms. Turner and Ms. Wagner are experienced in the field of providing adult foster care services and meet the qualifications of R400.14201, R400.14202, and R400.14203 for licensee designees and administrators. Licensing record clearance requests are on file for both Ms. Turner and Ms. Wagner.

The home is leased to Macomb County Community Mental Health Services Board (CMH) who has contracted with Adult Learning Systems-Lower Michigan to operate the facility. Letters of acknowledgement are on file from the landlord and CMH confirming the use of the structure as an adult foster care facility. Zoning approval is not required for this facility as it meets the requirements of the Federal Fair Housing Amendment.

B. Program Description

The facility offers a program for mentally ill male and female adults under contract with Macomb County Community Mental Health Department. All application materials have been reviewed and this consultant determined that the applicant is in substantial compliance with all applicable rules and regulations. Record keeping requirements for resident and employee files as well as facility records were reviewed with the applicant who expressed the intention to comply with all requirements.

C. Rule/Statutory Violations

This consultant inspected the facility on 2/10/2006 and observed the following violation:

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Carpeting abutting the kitchen ceramic floor tiles was not securely finished or attached such that raw edges and threads from the carpet were lifted and exposed from the vacuuming of the carpet.

The administrator submitted a corrective action plan indicating that she would contact CMH and the landlord to request that thresholds be installed wherever carpet abuts ceramic tile and that this installation would be completed by 2/15/2006.

VIOLATION ESTABLISHED

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IV. RECOMMENDATION

I recommend that a temporary license be issued to this small group home, capacity 6.

Maureen J. Fisher Date Licensing Consultant

Approved By:

2/13/06

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Area Manager