



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



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

August 15, 2007

Ms. Phyllis Wagner, Licensee Designee  
Adult Learning Systems-Lower Michigan  
1954 S Industrial  
Ann Arbor, MI 48104

RE: Application #: AS470291455  
Briarwood Home  
1746 Triangle Lake  
Howell, MI 48843

Dear Ms. Wagner:

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) 241-2585.

Sincerely,

A handwritten signature in cursive script that reads "James Zalba".

James Zalba, Licensing Consultant  
Office of Children and Adult Licensing  
P.O. Box 30650  
Lansing, MI 48909  
(517) 373-8805

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS470291455
<b>Applicant Name:</b>	Adult Learning Systems-Lower Michigan
<b>Applicant Address:</b>	1954 S Industrial Ann Arbor, MI 48104
<b>Applicant Telephone #:</b>	(734) 668-7447
<b>Licensee Designee:</b>	Phyllis Wagner
<b>Administrator:</b>	Tracie Shier
<b>Name of Facility:</b>	Briarwood Home
<b>Facility Address:</b>	1746 Triangle Lake Howell, MI 48843
<b>Facility Telephone #:</b>	(517) 552-9518
<b>Application Date:</b>	07/05/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

01/25/2007	Inspection Completed-Env. Health: A
07/05/2007	Enrollment
08/06/2007	Application Complete/On-site Needed
08/07/2007	Inspection Completed On-site
08/13/2007	Contact - Document Received Copies of electrical inspection and furnace inspection.
08/14/2007	Inspection Completed- Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a one-story ranch-style house with a walk-out lower level located in a semi-rural area. The facility is currently a licensed adult foster care facility under another corporation, which has decided not to continue with its only facility in Livingston County.

The facility consists of three bedrooms, a living room, kitchen, dining room, office, two and a half baths on the upper level and two bedrooms, full bathroom, laundry room, furnace room, family room, and storage space on the lower level. This consultant completed measurements as follows:

1. The living room, which measured 216 square feet,
2. The dining room, which measured 197 square feet,
3. The five bedrooms:
  - a. Bedroom #1 measured 176 square feet (one resident),
  - b. Bedroom #2 measured 130 square feet (two residents),
  - c. Bedroom #3 measured 102 square feet (one resident),
  - d. Bedroom #4 measured 167 square feet (one resident), and
  - e. Bedroom #5 measured 180 square feet (one resident).

The total living space is over 403 square feet, which is more than adequate for six occupants.

The water and sewage systems are private and were inspected and given full approval by the Livingston County Health Department on 1/25/2007.

No special use permit is required for this type of facility.

The hot water heater and the furnace are located in an enclosed room in the lower level. Copies of both an electrical inspection and furnace inspection were received and are in the case file.

The property is owned by Pat Brock and the proper documentation has been received and is in the case file.

## **B. Administration / Program / Resident Care / Records**

### **Population of Facility & Admission Criteria**

The licensee will provide "...a 24 hour, six bed residential group home for men and women with developmental disabilities who require a structured setting. Skill building and improved functioning for the individuals served are the main focus of the program."

### **Applicant**

The applicant is Adult Learning Systems—Lower Michigan, which was incorporated as a non-profit organization in May 1998. The applicant presently has 14 licensed facilities in the southeast section of Michigan. This consultant received an acceptable financial statement and corporation paperwork.

### **Licensee Designee & Administrator – Qualification, Experience, Competency, and Good Moral Character.**

Ms Phyllis Wagner is a Regional Director Supervisor for the corporation and was recently appointed to act as the Licensee Designee. Ms. Wagner has worked for the corporation since 1987 in various roles with developmentally disabled and/or mentally ill individuals. Ms. Wagner has supplied an acceptable physician's statement and current TB status report. An acceptable licensing record clearance was also obtained for Ms. Wagner.

Ms. Tracie Shier is the designated Administrator for the facility and has worked for the corporation since 1999 in various roles including that of direct care staff. Ms. Shier has supplied an acceptable physician's statement and current TB status report. An acceptable licensing record clearance was also obtained for Ms. Shier.

### **Staff Plan / Proposed Ratios / Staff Training & Competencies**

All staff have been trained by the applicant and Livingston County Community Mental Health. They have and will continue to be cleared via the criminal history background check system. There will always be two staff persons on duty at all times.

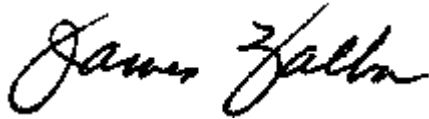
## Records & Record Keeping

The applicant has provided this consultant with personal policies and job descriptions. Ms. Shier, the administrator, is well versed in the statutory and rule requirements related to facility, resident, and employee record-keeping, including the handling and accounting of residents' funds.

As of August 7, 2007, the applicant was found to be in substantial compliance with the AFC licensing act and applicable administrative rules.

## IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home for a maximum capacity of six residents.



August 15, 2007

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James Zalba  
Licensing Consultant

Date

Approved By:



816/07

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Betsy Montgomery  
Area Manager

Date