



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 21, 2017

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

RE: License #: AS500082431  
Meadow Lane  
48173 Meadow Lane  
Chesterfield, MI 48047

Dear Ms. Turner:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance (including photos).

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps".

Roeiah Epps, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

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

**I. IDENTIFYING INFORMATION**

**License #:** AS500082431

**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:** Vickie Green

**Name of Facility:** Meadow Lane

**Facility Address:** 48173 Meadow Lane  
Chesterfield, MI 48047

**Facility Telephone #:** (586) 949-8538

**Original Issuance Date:** 02/08/1999

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/21/2017

Date of Bureau of Fire Services Inspection if applicable: 07/21/2017

Date of Environmental/Health Inspection if applicable: 07/21/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Not required.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Not required.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**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.

Both bathroom door entrances are rusted and beginning to corrode.

**R 400.14411          Linens.**

(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.

Resident B.H.'s linen is extremely worn and soiled.

**R 400.14511          Flame-producing equipment; enclosures.**

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

Items are stored in the furnace room near the furnace and hot water tank.

A corrective action plan was requested and approved on 07/21/2017. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



7/21/17

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Roeiah Epps  
Licensing Consultant

Date