



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 18, 2018

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

RE: Application #: AS500390465
Trombley
34294 Maple Lane
Sterling Heights, MI 48312

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2844

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS500390465

Applicant Name: Adult Learning Systems-Lower Michigan

Applicant Address: Suite F
8170 Jackson Road
Ann Arbor, MI 48103

Applicant Telephone #: (734) 408-0112

Administrator/Licensee Designee: Sherri Turner

Name of Facility: Trombley

Facility Address: 34294 Maple Lane
Sterling Heights, MI 48312

Facility Telephone #: (734) 408-0112

Application Date: 09/14/2017

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

09/14/2017 Enrollment
Online enrollment

09/20/2017 Contact - Document Sent
Licensing Unit sent the Rule & Act booklets to the Licensee.

09/20/2017 Application Incomplete Letter Sent
Licensing Unit sent the clearances for Sherri Turner, Licensee Designee and Vickie Green, Administrator.

09/22/2017 Contact - Document Received
Licensing Unit received the clearances for Sherri Turner, and Vickie Green.

09/26/2017 Contact - Document Received
Received the Licensing file from Central office.

10/26/2017 Application Incomplete Letter Sent
Application Incomplete letter via email to Sherri Turner.

02/02/2018 Application Complete/On-site Needed
Onsite inspection completed. I requested several missing documents.

02/02/2018 Inspection Completed-BCAL Full Compliance
The physical plant inspection completed. I requested several missing documents. Some of the documents were received via mail on 02/28/2018.

03/23/2018 Contact- Document Sent
Email sent to Vickie Green, requested documents that were not received that were requested on 02/02/2018.

03/26/2018 Contact- Documents Received
I received the requested documents via email from Vickie Green.

04/11/2018 Contact- Document Requested
I emailed Vickie Green requesting and updated floor plan.

04/13/2018 Contact- Document Received
I received the floor plan with dimensions from TJ LaPorte.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style home located in Sterling Heights, MI. The facility is located in Sterling Heights MI, Macomb County. The facility is located in the Warren Consolidated School District and Utica Community School District. The city of Sterling has recreational centers that offer a variety of activities. There is a Senior Activity Center located in proximity to the facility. The Senior Center includes mini bus services and hosts many classes and programs such a holiday parties, board and card games and fitness activities. The closest grocery stores are Baghdad Market, Ventimiglia Italian Foods and Dollar Tree. The facility is near Dodge Park, Fairfield Park and Farmstead Park.

The city of Sterling Heights has a public library that offers Books, audio books, compact discs, DVDs, magazines, computers, wireless Internet access, e-books and online reference sources. The library offers program for adults and has an Outreach program for homebound residents. Sterling Heights hosts many events throughout the year such as an indoor ethnic festivals featuring dance, music, food and information booths representing various cultures, Dodge Park 5K Run, Holiday Programs, Memorial Day Parade and Music in the Park. There are two major movie theaters, the MJR Marketplace Theater and AMC Forum Theater, Lakeside Mall and Sterling Heights Nature Center.

The facility is a ranch style home that is 2,418 square feet. The main level of the home consisting of a dining room, kitchen, family room, laundry room, four bedrooms, and two full bathrooms. The facility has a wood deck at the rear of the home and a covered porch. The facility is not wheelchair accessible. The facility utilizes public water and sewage.

The gas furnace and hot water tank are located in the basement of the facility. The basement door is constructed of materials that provide a 1-hour fire resistance rating with 1¾ inch solid core door in a stoppable frame. The basement door is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with a batter back up, which was installed by a licensed electrician and is operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'6" x 11'6"	120.75	2
2	12'2" x 12'2"	148.03	2
3	12'2" x 12'2"	148.03	2
4	10' x 14'3"	142.50	2
			Total Capacity: 6

The dining room, kitchen, family room, laundry room and bathrooms total of 1868 square feet of living space this exceeds the minimum of 35 square feet per occupant 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

The facility is will provide a residential group home for females six (6) adult females who have chronic mental illness and no longer require inpatient psychiatric care, but need the structure of a group home setting. Diagnosis may vary and may include co-occurring disorders, medical conditions, and substance abuse issues.

The focus of the program is to enhance recovery and improvement of functioning for the individuals served. This is a 24-hour, 365 days a year program with an emergency back-up system. The facility has 24-hour staff that will assist the residents in the area of personal hygiene, self-care, medication management, medical care, social skills, recreational and vocational activities, transportation, advocacy and support, reintegration into community. Area community resources include, but are not limited to, churches, library, potential employment sites, educational and recreational facilities. Referral services are provided through the local funding agency or other pre-paid health plans within the geographic region. The facility will provide transportation services.

The individual's cost of care is determined in conjunction with the funding agency based on their entitlements and their ability to pay. Fees are collected on a monthly basis. Contracts with Macomb County Community Mental Health (CMH) are in place and CMH will meet provide adequate funding per resident.

The staffing qualification consists of seven staff who are at least 18 years old and have a high school diploma, will be trained and demonstrate competency in the following areas: Documentation, CPR/First Aid ,Fire Safety/Environmental Emergencies, Participant Rights, Nonviolent Crisis Intervention ,Universal Precautions ,Personal Care, Supervision, and Protection ,Hazard Communications. Emergency Procedures, Medication Administration, Reporting Requirements, Corporate Compliance, Cultural Competency, Person Centered Planning, Site/Participant Specific Issues, Limited English Proficiency, HIPAA, Performance Plans and Food Safety/Preparation.

C. Applicant and Administrator Qualifications

The applicant is Adult Learning Systems-Lower Michigan, Incorporated (ALS). ALS is a Domestic Nonprofit Corporation and was established on 05/01/1998. 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 members of ALS have submitted documentation appointing Sherri Turner as Licensee Designee for the facility and Kimberley Horton as the Administrator. A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Turner or Ms. Horton. Ms. Turner and Ms. Horton submitted medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Turner is the licensee designee for 12 adult foster care homes throughout southeast Michigan. Ms. Turner has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Turner submitted her resume, which details that she obtained a Bachelor's Degree in Health Administration. Ms. Turner has been employed with ALS since February 1995. Ms. Turner's current position is Executive Director. In this position, she is responsible for 250 plus employees. She previously held the following positions with ALS: Program Director, Residential Manager Direct Care Worker, Executive/Accounting Assistance and Administrative Assistant. In addition to MR, Turner's current and past employment with ALS she has held the following positions: US Army Reserves-Chief Instructor/ Course Manager (Master Sergeant), Senior Instructor/Human Resources Specialist, and Flight Operations Supervisor. Ms. Turner has certifications in National Professional Human Resources, CPR/First Aid, Commission of Rehabilitation Surveyor and Certified Army Instructor. Ms. Turner has several awards, honors, and activities.

Ms. Horton is designated as the administrator for this facility. Ms. Horton oversees four additional adult foster care facilities in southeast Michigan. Ms. Horton has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Horton submitted her resume and employed with ALS since March 2003. Ms. Horton has held the following positions with ALS; Regional

Director (Current), Supervisor, Case Worker, Medical Coordinator and Direct Care. Ms. Horton has the following certifications: St. Clair County CMH Mental Health, Macomb County Mental Health, and Non-Violent Crisis Intervention. Ms. Horton has a valid certificate in CPR and First Aid.

Staffing patterns were submitted for the facility and are satisfactory. There is adequate staff with a minimum of one staff to six residents per shift. Ms. Turner and Ms. Horton acknowledges that the staff the resident ratio will change to reflect any increase in the level of supervision, protection, or person care required by the residents. Ms. Turner and Ms. Horton has indicated that direct care staff will be wake during sleeping hours.

Ms. Turner and Ms. Horton acknowledged that at no time would this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ration or expectation to assist in providing supervision, protection, or person l care to the resident population.

Ms. Turner and Ms. Horton acknowledges an understanding of the qualification, suitability, and training requirement for direct care staff prior to each person working in the facility tin that capacity or being considered as part of the staff to resident ratio.

Ms. Turner and Ms. Horton acknowledges an understanding of the responsibility to access the good moral character of employees and contractors who have 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.

Ms. Turner and Ms. Horton 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, Ms. Turner and Ms. Horton 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.

Ms. Turner and Ms. Horton acknowledges his 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, Ms. Turner and Ms. Horton 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.

Ms. Turner and Ms. Horton acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. Ms. Turner and Ms. Horton acknowledges the responsibility to obtain the required 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.

Ms. Turner and Ms. Horton acknowledge 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. Ms. Turner and Ms. Horton acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. Ms. Turner and Ms. Horton acknowledges that a separate *Resident Funds Part II BCAL-2319* form 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.

Ms. Turner and Ms. Horton acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Turner and Ms. Horton indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Turner and Ms. Horton acknowledge an understanding of the administrative rules regarding the written and verbal reporting of incidents, accidents, and the responsibility to conduct an immediate investigation of the cause. The licensee designee Ms. Turner and Ms. Horton has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Turner and Ms. Horton acknowledge their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Ms. Turner and Ms. Horton acknowledge that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The licensee designee Ms. Turner and administrator Ms. Horton was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

L. Reed

04/16/2018

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

04/18/2018

Denise Y. Nunn
Area Manager

Date