



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 9, 2021

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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-Ward".

Roeiah Epps-Ward, 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: Sherri Turner

Name of Facility: Meadow Lane

Facility Address: 48173 Meadow Lane
Chesterfield, MI 48047

Facility Telephone #: (734) 408-0112

Original Issuance Date: 02/08/1999

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2021

Date of Bureau of Fire Services Inspection if applicable: 08/05/2021

Date of Environmental/Health Inspection if applicable: 08/05/2021

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 0
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
Virtual inspection due to quarantine requirements for coronavirus
- 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. Due to quarantine restrictions because of coronavirus exposure, a virtual inspection was conducted.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



8/9/2021

Roeiah Epps-Ward
Licensing Consultant

Date