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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 22, 2022

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

RE: Application #: AS500413889

Jerome

37734 Jerome Dr.

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 5 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,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Kristine Cillufo

Pontiac, MI 48342

(248) 285-1703

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AS500413889	
Licensee Name:	Adult Learning Systems-Lower Michigan	
Licensee Address:	Suite F	
	8170 Jackson Road	
	Ann Arbor, MI 48103	
	(70.1) 100.0110	
Licensee Telephone #:	(734) 408-0112	
Advision de discourse Bossi	T : 01: /01 : T	
Administrator/Licensee Designee:	Tracie Shier/Sherri Turner	
Nome of English	loromo	
Name of Facility:	Jerome	
Facility Address:	37734 Jerome Dr.	
Tuomity Address.	Sterling Heights, MI 48312	
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Facility Telephone #:	(586) 446-2420	
Application Date:	08/22/2022	
Capacity:	5	
Program Type:	DEVELOPMENTALLY DISABLED	
	MENTALLY ILL	

# II. METHODOLOGY

08/22/2022	On-Line Enrollment
09/08/2022	Contact - Document Received 1326
09/08/2022	PSOR on Address Completed
09/19/2022	Application Incomplete Letter Sent
09/19/2022	Contact - Document Received Email from Sherri Turner
10/05/2022	Contact - Document Received Received licensing documents by email from Tracie Shier
10/06/2022	Contact - Document Sent Email to and from Tracie Shier. Home is not ready for onsite inspection. Fire alarms, fire extinguishers, fire door and locks are still being installed.
10/27/2022	Contact - Document Received Email from Tracie Shier. Sent return email.
10/28/2022	Contact - Document Received Email from Tracie Shier. Sent return email.
11/15/2022	Contact - Document Sent Email to and from Sherri Turner
11/21/2022	Inspection Completed On-site
11/21/2022	Contact - Document Sent Email to Sherri Turner
11/21/2022	Application Complete/On-site Needed
11/23/2022	Contact - Document Received Email from Rachell Boykins with pictures of corrections,
11/23/2022	Contact - Document Received Email from Sherri Turner re: wood paneling. Sent return email.
12/05/2022	Contact - Document Received Email from Sherri Turner. Wood paneling has been removed. Received pictures.

12/16/2022	Contact - Document Sent Email to Sherri Turner. Received return email.
12/16/2022	Contact- Document Sent Email to Tracie Shier and Sherri Turner regarding bedroom measurements.
12/19/2022	Contact- Document Received Email from Sherri Turner. Room measurements are correct. Will reduce capacity to five residents. Sent return email.

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1974.

#### A. Physical Description of Facility

Jerome is a one-story small adult foster care home located in Sterling Heights, MI. The licensee for the home is Adult Learning Systems-Lower Michigan. Sherri Turner will act as the licensee designee. Tracie Shier will act as the administrator for the home. The home is owned Adult Learning Systems-Lower Michigan. A copy of the warranty deed was provided for proof of ownership. The home has city water and sewer.

Jerome has a living room, family room, kitchen, dining area, three bedrooms, two resident bathrooms, laundry room and basement. The living room and family room offer a total of 642 square feet which meets the required 35 square feet per person for six residents.

The three bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" x 10'8"	115	1
2	12'11" x 10'8"	137	2
3	15'4" x 11'8"	178	2

Total capacity: 5

All three bedrooms have adequate space, bedding and storage. All the bedrooms have a chair, mirror and window that opens. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The home has interconnected smoke detectors. There is a fire extinguisher on each floor of the home. The dryer has a metal vent. The bathroom and bedrooms doors have non-locking against egress hardware. The water temperature was found to be between 105-120 degrees Fahrenheit. There is a locked medication cart in laundry room for medications to be stored.

### **B. Program Description**

The Jerome home will provide 24-hour care, supervision, and protection for up to five residents. The residential group home is for males and females with mental illness and developmental disabilities who require a structured setting but no longer require inpatient psychiatric care. Diagnosis may vary and include co-occurring disorders and substance abuse issues. The home will provide services to residents including assistance with personal hygiene, self-care, medication management, medical care, social skills, recreational and vocational activities, transportation, advocacy and support and reintegration into the community.

A copy of the staffing pattern for the home was provided. The home will have two staff on morning and afternoon shift and one staff per midnight shift.

Sherri Turner will act as the licensee designee for the facility. Ms. Turner has been fingerprinted and previously approved as a licensee designee. Ms. Turner has been the Executive Director of Adult Learning Systems-Lower Michigan since 1998. Ms. Turner has a master's degree in Public Health from Baker Collage and bachelor's degree in health administration from Eastern Michigan University. Ms. Turner provided a medical statement dated 10/04/2022 and had a negative TB test dated 04/07/2021.

Tracie Shier will act as administrator for the home. Ms. Shier has been fingerprinted and previously approved as an administrator. She has worked for Adult Learning Systems-Lower Michigan since 2002 and has been both a direct care worker and home supervisor. Ms. Shier provided a medical statement dated 09/28/2022 and had a negative TB test dated 05/25/2022.

Ms. Turner acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

Ms. Turner has acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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 (<a href="www.miltcpartnership.org">www.miltcpartnership.org</a>) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Turner acknowledged 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 designee can administer medication to residents. In addition, Ms. Turner acknowledged 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 acknowledged her responsibility to obtain all required 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 acknowledged her responsibility to maintain all required documentation in each employee's record for each 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 acknowledged 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 acknowledged her 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. Ms. Turner will update and complete those forms and obtain new signatures for each resident on an annual basis.

Ms. Turner acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Ms. Turner acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. 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 licensee designee.

Ms. Turner acknowledged 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 acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Turner acknowledged her 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 acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Ms. Turner acknowledged she has a copy of the licensing rule book for AFC small group homes.

# C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### IV. RECOMMENDATION

I recommend that the department issue a temporary license to this small group adult foster care home, Jerome, with a capacity of five (5) residents.

Kristine Cillufo	12/22/2022
Kristine Cilluffo Licensing Consultant	Date
Approved By:	
Denice G. Munn	12/22/2022
Denise Y. Nunn Area Manager	Date