

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 21, 2023

Deana Fisher St. Louis Center for Exceptional Children & Adults 16195 Old US-12 Chelsea, MI 48118

> RE: License #: AS810405903 Jerry and Alice D'Adamo House Suite 20 16195 Old US 12 Chelsea, MI 48118

Dear Ms. Fisher:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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 (313) 456-0380.

Sincerely,

Vanca Beellen

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS810405903
Licensee Name:	St. Louis Center for Exceptional Children & Adults
Licensee Address:	16195 Old US-12 Chelsea, MI 48118
Licensee Telephone #:	(734) 495-8430
Licensee/Licensee Designee:	Deana Fisher
Administrator:	Deana Fisher
Name of Facility:	Jerry and Alice D'Adamo House
Name of Facility: Facility Address:	Jerry and Alice D'Adamo House Suite 20 16195 Old US 12 Chelsea, MI 48118
-	Suite 20 16195 Old US 12
Facility Address:	Suite 20 16195 Old US 12 Chelsea, MI 48118
Facility Address: Facility Telephone #:	Suite 20 16195 Old US 12 Chelsea, MI 48118 (734) 475-8430

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2023 Date of Bureau of Fire Services Inspection if applicable: N/A Date of Environmental/Health Inspection if applicable: N/A No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role: Medication pass / simulated pass observed? Yes \Box No \boxtimes If no, explain. • Due to COVID-19. Medication(s) and medication record(s) reviewed? Yes \square No \square If no, explain. Resident funds and associated documents reviewed for at least one resident? • Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \Box No \boxtimes If no, explain. Fire drills reviewed? Yes \square No \boxtimes If no, explain. • Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain. • E-scores reviewed? (Special Certification Only) Yes X No X N/A • If no, explain. Water temperatures checked? Yes \boxtimes No \square If no, explain. Incident report follow-up? Yes \square No \boxtimes If no, explain. • Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A 🖂 Number of excluded employees followed-up? N/AVariances? Yes \Box (please explain) No \Box N/A \boxtimes •

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

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

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Vanita C. Bouldin Licensing Consultant

Date: 07/21/2023