

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 27, 2023

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

RE: License #: AS810279052

Seybold

4922 Munger Rd. Ypsilanti, MI 48197

Dear Ms. Turner:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Vanita C. Bouldin, Licensing Consultant

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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 #: AS810279052

Licensee Name: Adult Learning Systems-Lower Michigan

Licensee Address: Suite F

8170 Jackson Road Ann Arbor, MI 48103

Licensee Telephone #: (734) 408-0112

Licensee/Licensee Designee: Sherri Turner

Administrator: Wanda Hall

Name of Facility: Seybold

Facility Address: 4922 Munger Rd.

Ypsilanti, MI 48197

Facility Telephone #: (734) 528-9004

Original Issuance Date: 02/22/2006

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2023	
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Health Authority 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 ☐ No ☒ If no, explain. No due to COVID-19. Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain. 	n
 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. No meals prepared/served during renewal inspection. 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 found to be in non-compliance with the following rules:

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Tile damaged observed in the facility dining room area. Needs to be repaired.

Date: 09/27/2023

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Vanita C. Bouldin

Licensing Consultant

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