



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 2, 2024

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

RE: License #: AS500412498
Investigation #: 2024A0990006
Evanston

Dear Ms. Turner:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS SEXUALLY EXPLICIT LANGUAGE**

I. IDENTIFYING INFORMATION

License #:	AS500412498
Investigation #:	2024A0990006
Complaint Receipt Date:	12/04/2023
Investigation Initiation Date:	12/05/2023
Report Due Date:	02/02/2024
Licensee Name:	Adult Learning Systems-Lower Michigan
Licensee Address:	Suite F 8170 Jackson Road Ann Arbor, MI 48103
Licensee Telephone #:	(734) 408-0112
Administrator:	Sherri Turner
Licensee Designee:	Tracie Shier
Name of Facility:	Evanston
Facility Address:	35161 Evanston Sterling Heights, MI 48312
Facility Telephone #:	(734) 408-0112
Original Issuance Date:	08/26/2022
License Status:	REGULAR
Effective Date:	02/26/2023
Expiration Date:	02/25/2025
Capacity:	6
Program Type:	MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident B snores loudly and leaves bedroom lights and the television on all night, disturbing Resident A's sleep.	Yes
Resident C smokes outside excessively. Resident C blows cigarette smoke into Resident A's bedroom window, triggering his asthma symptoms.	Yes
Resident C slams the front door, disturbing Resident A.	Yes
Resident B is discussing sexually inappropriate conversations with his roommate, Resident A.	No
Resident A's bedroom is 9 x 8 feet and is too small.	No

II. METHODOLOGY

12/04/2023	Special Investigation Intake 2024A0990006
12/04/2023	APS Referral Adult Protective Services (APS) complaint denied at intake.
12/05/2023	Special Investigation Initiated - Face to Face I conducted an unannounced onsite investigation. I interviewed Lateshia Johnson, direct care staff, Resident A, Resident B, Resident C and Resident D.
12/06/2023	Contact - Document Sent I emailed the licensee designee (LD) Sherri Turner and administrator, Tracie Shier requesting several resident documents.
12/07/2023	Contact - Document Received I received the resident records previously requested.
01/02/2024	Contact - Telephone call made I conducted a phone interview with Relative A. Relative A sent a photo of the bedroom.

01/18/2024	Contact - Document Received I reviewed the resident records pertaining to the allegations.
01/18/2024	Contact - Telephone call made I conducted a phone interview with Donna Nickens, home manager.
01/18/2024	Contact - Telephone call made I left a detailed voicemail message with Guardian A. Guardian A returned phone call.
01/18/2024	Exit Conference I conducted an exit conference with Ms. Turner (LD), Tracie Shier, administrator, Rachelle Boykins, regional manager.
02/01/2024	Contact - Telephone call made I conducted a FaceTime meeting with Ms. Boykins.

ALLEGATION:

- **Resident B snores loudly and leaves bedroom lights and the television on all night, disturbing Resident A's sleep.**
- **Resident C smokes outside excessively. Resident C blows cigarette smoke into Resident A's bedroom window, triggering his asthma symptoms.**
- **Resident C slams the front door, disturbing Resident A.**
- **Resident B is discussing sexually inappropriate conversations with his roommate, Resident A.**

INVESTIGATION:

On 12/04/2023, I received the complaint via email. In addition to the above allegations, it was also alleged that Resident A's legal guardian is through Heitmanis Law Group. Resident A is diagnosed with mental health disabilities. Around a year ago, Resident A was placed in a group home. Resident A is having suicidal thoughts due to living in this home. Resident A is having issues sleeping at night as his roommate Resident B watches TV at night, leaves the light on, snores, and kicks his headboard. Resident A has asked that Resident B turn off the light and TV at night, but he does not listen. Resident A has tried earplugs, but they do not work. Resident B walks around naked and talks about wanting to molest his 12-year-old niece. Resident A wants to be moved into another room with another resident, but they are not allowing this. Another resident, either named Resident E or Resident C, has been threatening to kill Resident A after Resident A had asked him to stop slamming the door. Resident A has asthma. The residents are smoking around Resident A. Resident A is having difficulty breathing due to cigarette smoke. The staff are not addressing Resident A's concerns. The guardian may be aware of Resident A's problem. If they are, they are not helping Resident A.

On 12/05/2023, I conducted an unannounced onsite investigation. I interviewed Lateshia Johnson, direct care staff/medication coordinator. Ms. Johnson works the day shift from 7 AM to 3 PM full-time. Ms. Johnson said that she knew Resident B snores, but they are looking into assessing him for sleep apnea. Ms. Johnson noted that Resident A and B slept most of the time during her shift and they do not wake up or interact in the home until late afternoon. Ms. Johnson noted that Resident E did not reside in the house at the same time as Resident A. Ms. Johnson said that Resident C does smoke outside. Ms. Johnson is unaware of the allegations regarding Resident C blowing smoke inside Resident A and Resident B's bedrooms, the inappropriate conversations/threats, or Resident A wanting to change roommates.

On 12/05/2023, I interviewed Resident A privately in the front room. Resident A said that this is his first adult foster home placement. Resident A moved into the home in May of 2023. Resident A said that before living in the house, he was hospitalized for six months. Before his hospitalization, he lived in a room/board home. Resident A and Resident B have been roommates since July of 2023. Resident A said that he is sleep-deprived because his roommate, Resident B, snores very loudly. Resident B also sleeps with the television and lights on all night. Resident A has asked Resident B to turn off these things at night, which he refuses. Resident A tries to open the blinds in the daytime for light, but Resident B closes them. Resident A spoke with the home manager, Donna Nickens, who told him that there was nothing that she could do about his concerns. Resident A denies currently having suicidal thoughts or plans. He knew he needed to inform staff if he had thoughts. Resident A said that he was hospitalized last week for mental health issues, which he contributes to the lack of sleep and noise in the home. Resident A denied that any of the residents were making threats towards him, and he said that he did not know Resident E.

Resident A said that Resident C is constantly walking inside and outside of the front door where he primarily sits. Resident A sits in the front room near the front door to have his own space and is constantly disturbed by Resident C walking out to smoke cigarettes. Resident A said that Resident C enters the home and, at times, sits in the living room smelling of smoke, which triggers his asthma. Resident A's bedroom is in the front of the home and near the front door. Resident A said that Resident C stands near his bedroom window, which he leaves cracked open for air, and blows smoke into his bedroom window. Resident A described Resident C as a "bully" and a "jerk". Resident A explained that he has no privacy or is allowed to sleep in his bedroom because of the roommate's television and lights, and he is not able to relax in the living room because of the front door constantly being opened and slammed closed by Resident C.

During the onsite, I observed Resident C coming in and out the front door frequently. Upon my arrival at the home, Resident C was outside smoking a cigarette.

Resident A said that Resident B, at times, is naked in their bedroom after he showers. Resident B also talks about being sexually attracted to his 12-year-old niece. Resident

A said that Resident B talks about how he is sexually aroused by adolescent girls' breast development and menstruation. Resident A said that Resident B did not disclose that he had done anything inappropriate with his niece or child. Resident A said he had been talking about this excessively a couple of months ago, making him very uncomfortable. Resident A said he had no concerns about his other housemates or staff.

On 12/05/2023, I interviewed Resident B. Resident B said that he has lived in the home for a while and his father is his legal guardian. Resident B said that he has no issues with his roommate, Resident A. Resident B said that Resident A does not like Resident C because he slams the door excessively and bangs on things. Resident B described that Resident C smells like smoke and smokes near their bedroom window, which upsets Resident A's asthma. Resident B said that he did snore and was told by Ms. Nickens that he may have sleep apnea. Resident B said that he does watch television at night and sometimes needs to remember to turn off the lights. Resident A had not asked him to turn off the television or lights. An attempt was made to elicit information about the inappropriate conversations allegedly occurring without success.

On 12/05/2023, I interviewed Resident C. Resident C said that he had lived in four adult foster homes before his one. This home is better than the others he has lived in. Resident C had no concerns regarding his housemates or staff. Resident C smokes on the front porch and denied blowing smoke in windows.

On 12/05/2023, I interviewed Resident D. Resident D has lived in the home for 4-5 months. I observed that Resident D appeared manic and heightened with racing thoughts. Resident D said that he has no issues with his housemates or staff. Resident D was hyper-focused on the mail coming. Therefore, the interview was concluded.

On 01/02/2024, I conducted a phone interview with Relative A. Relative A said that Resident B keeps the television on all night, and Resident has sent him videos of this. Resident A also has sent him audio of Resident B's snoring; it is extremely loud, and he sounds "like a pig." Relative A has purchased earplugs for Resident A and he is still unable to sleep. Relative A bought a small lamp for their bedroom so that Resident B keeps the bedroom bright light off at night. Resident B keeps the light on and there are two bright bulbs. According to Relative A, Resident A said Resident B also kicks the wall at night. Resident A is losing sleep and believes that Resident B is doing this deliberately. Relative A said that Ms. Nickens informed him they plan to move Resident A to a different room. Relative A said that Ms. Nickens initially refused to move Resident A to a separate room.

Relative A said that Resident A purposely left his phone on one day so that he could hear Resident B talk about wanting to molest his 12-year-old niece. Relative A said that Resident A talks about how Resident B walks around in his underwear. Relative A said that Resident A now moves to the front room and tries to sleep on the couch during the day, but he cannot do this because the staff told him he is not allowed to sleep on the couch.

Relative A said that Resident C slams the front door throughout the day, so Resident A has no peace inside the home in the daytime or at night. Relative A said that Resident C is constantly smoking and entering the house smelling of smoke. Relative A said that the staff told him there was nothing that they could do about the smoking outside. Relative A said that Resident A needs to use his inhaler frequently due to the smoke. Resident A keeps his bedroom window cracked for circulation, and this is where Resident C blows his smoke. Relative A said that Resident B also called his wife "a bitch" once when she was visiting Resident A. Relative A asked Ms. Nickens (3-4 times) about moving Resident A to a different bedroom and she responded, "No, he had his chance to move." Relative A sent photos of the bedroom, but the other files could not be sent because they were too large.

On 01/18/2024, I reviewed the resident records about the allegations. I reviewed Resident A's *Health Care Appraisal*, Individual Plan of Service (IPOS), and Crisis Plan. Resident A's admission date was 05/18/2023. Resident A is diagnosed with autism, asthma, major depressive disorder, borderline personality disorder, epilepsy, and psoriasis. Resident A is prescribed a 2000-calorie diet. Resident A's triggers are loud noises and slamming doors per his Crisis Plan.

I reviewed Resident B's resident record, and there is no documentation of sexually deviant behaviors or snoring. I conducted a sex offender registry search, and Resident B is not listed.

On 01/18/2024, I conducted a phone interview with Donna Nickens, home manager. Ms. Nickens said that Resident A changed roommates about two weeks ago and is now rooming with Resident D. Now he is complaining about Resident D's snoring. Ms. Nickens noted that last summer, Resident A was living with a former resident, which he did not like because of that roommate's behavior of standing in front of the fan nude to dry off after a shower, leaving the lights on, and talking to his dolls. His former roommate's relative also purchased a room divider to give him some privacy. Resident A insisted on being roommates with Resident B, and "they were like best friends." Resident A began complaining about Resident B's snoring shortly after the move. Ms. Nickens told Resident A before the move that she didn't think it was a good idea because his former roommate had moved out of the home, and he had a private bedroom. Ms. Nickens said that she sometimes works midnight shifts and has not observed their bedroom lights on all night or heard a loud television. Resident B does snore, and he recently had an appointment with an Ear, Nose, and Throat (ENT) specialist and is scheduled for a sleep study. Resident B may have sleep apnea.

Ms. Nickens said that she was unaware of Resident C blowing cigarette smoke into Resident A's bedroom. Resident C primarily smokes in the backyard and only in the front when it's raining. Ms. Nickens said Resident C enters and exits the home frequently but not as much as described.

Ms. Nickens said that she had never heard the allegations regarding Resident B's inappropriate conversations about sexual attraction to young girls. Ms. Nickens said that Resident B is quiet and does not talk much. Resident B's guardian lives in northern Michigan, but he has two local brothers that he visits. Ms. Nickens is not aware if he has a niece. Resident B does attend the workshop.

On 01/18/2024, I conducted a phone interview with Guardian A. Guardian A does not have much direct contact with Resident A. Guardian A speaks to Ms. Nickens regarding Resident A. Guardian A said that she was made aware that Resident A wanted to be roommates with Resident B. Resident A began complaining about Resident B's snoring. Guardian A said that Ms. Nickens didn't think moving them together was a great choice, but they insisted. Resident A and Resident B are no longer roommates. Guardian A was not aware of any of the other allegations.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>There is sufficient evidence to support that Resident C's constant smoking outside and slamming the front door is not protecting and causing emotional harm to Resident A. Resident A said that he was hospitalized recently due to the issues in the home.</p> <p>Per Resident A's Crisis Plan, he is triggered by loud noises and slamming doors. Resident A is also diagnosed with asthma, and he sits in the front room near the front door, and his bedroom is next to the front door. Resident C smokes frequently and leaves in and out of the home throughout the day, slamming the door, according to Resident A and Resident B.</p> <p>Resident A's bedroom is located next to the front door. Resident A likes to keep his bedroom window cracked, and this causes him to be subjected to direct cigarette smoke by Resident C due to where he smokes. Resident B confirmed that Resident C blows smoke near their bedroom window and slams the front door a lot. Resident A must use his asthma inhaler a lot due to the exposure to cigarette smoke. I observed Resident C smoking in front of the home and entering and exiting the front door frequently.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.
ANALYSIS:	<p>There is sufficient evidence to support that Resident A's previous roommate, Resident B, kept him awake at night due to leaving the television on and lights on. Additionally, Resident B's snoring impacted his ability to sleep. Resident A's Crisis Plan documents that loud noises trigger him. Resident A was hospitalized in late November 2023 due to a lack of sleep. Resident A has a new roommate as of early January 2024.</p> <p>There isn't enough evidence to support the inappropriate conversations. However, the staff will address these conversations with Resident B's case manager.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A's bedroom is 9 x 8 feet and is too small.

INVESTIGATION:

On 12/04/2023, I received the above allegation via email. In addition, it was alleged that Resident A is living in a small bedroom, around 9 x 8 feet. Resident A has a small twin-sized bed. The room is so tiny, and he can barely move around. Resident A is sharing a bedroom with a roommate.

On 12/05/2023, I conducted an unannounced onsite investigation. I observed Resident A's bedroom, which had two twin-sized beds and two small bureaus.

On 12/05/2023, I interviewed Resident A. Resident A said that he is almost 300 pounds and does not feel that his bedroom is large enough for him. Resident A described that he sleeps in a twin-sized bed. Resident A noted there are no empty bedrooms.

On 01/02/2024, I interviewed with Relative A. Relative A sent a photo of the bedroom. Relative A said that the bedroom may not be 9 x 8 feet, but in his opinion, it is too tiny for Resident A because he is a large man.

On 01/18/2024, I reviewed the resident records about the allegations. I checked the original licensing study report, which I completed on 08/26/2022. Resident A sleeps in bedroom #1, which is 185 square feet and is licensed for two beds.

On 01/18/2024, I conducted an exit conference with Ms. Turner (LD), Tracie Shier, administrator, and Rachelle Boykins, regional manager. We discussed the allegations and tentative findings. Ms. Turner said that Resident C cannot be restricted to an area to smoke, although he is encouraged to smoke in the back of the home. We discussed Resident A's suitability in the home because loud noises trigger him, and he may need a smaller setting or a private room. Resident A's Health Care Chronological notes that were read during the call, confirmed he was sent to the Ascension St. John Macomb Hospital emergency room on 11/30/2023, due to not sleeping well. The discharge plan was sent via email and the discharge plan documents that he was seen for mental health/anxiety disorder.

We discussed the inappropriate conversations allegedly occurring and agreed that staff would address them with Resident B's case manager. Ms. Boykin said the delay in changing Resident A's roommate was due to the other housemates not wanting to change bedrooms. Ms. Boykins conducted a consumer meeting, and eventually, Resident D agreed to switch bedrooms and move in with Resident A.

On 02/01/2024, I conducted a FaceTime meeting with Ms. Boykins. I observed Ms. Boykins measure Resident A's bed and mattress. Resident A's bed is 74 inches in length and is 36 inches in width. The mattress thickness measured 7.5 inches in thickness.

APPLICABLE RULE	
R 400.14409	Bedroom space; "usable floor space" defined.
	(3) A multioccupancy resident bedroom shall have not less than 65 square feet of usable floor space per bed.
ANALYSIS:	There is insufficient evidence to support that Resident A's bedroom is too small. The bedroom has 185 square feet, 55 square feet more than the required square footage for two residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14410	Bedroom furnishings.
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.
ANALYSIS:	There is insufficient evidence to support that Resident A's twin-sized is not adequate size. Resident A's twin sized bed meets the rule requirements measuring 74 inches long and 35 inches in width and the mattress measured at 7.5 inches in thickness. However, Resident A is a large individual and should be offered a larger and more comfortable bed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

III. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

L. Reed

02/01/2024

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

02/02/2024

Denise Y. Nunn
Area Manager

Date