



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 7, 2024

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

RE: License #: AS500390465  
**Trombley**  
**34294 Maple Lane**  
**Sterling Heights, MI 48312**

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 and a date.

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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS500390465
<b>Licensee Name:</b>	Adult Learning Systems-Lower Michigan
<b>Licensee Address:</b>	Suite F 8170 Jackson Road Ann Arbor, MI 48103
<b>Licensee Telephone #:</b>	(734) 408-0112
<b>Licensee/Licensee Designee:</b>	Sherri Turner
<b>Administrator:</b>	Sherri Turner
<b>Name of Facility:</b>	Trombley
<b>Facility Address:</b>	34294 Maple Lane Sterling Heights, MI 48312
<b>Facility Telephone #:</b>	(734) 408-0112
<b>Original Issuance Date:</b>	04/18/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/07/2024

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
I observed medications.,
- 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.
- 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:  
CAP date 10/13/2024; R.300.14316 (1)(a); R 400.14318(5) 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:

**MCL 400.713**      **License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.**

(21) The department shall require the applicant, if an individual, the licensee designee, owner, partner, or director of the applicant who has regular direct access to residents or who has on-site facility operational responsibilities to submit his or her fingerprints to the department of state police for the criminal history check and criminal records check described in subsection (19).

Direct care staff Elvira Bitri did not have evidence of a completed criminal history check in her employee record.

**R 400.14204**      **Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(g) Prevention and containment of communicable diseases.

Direct care staff Elvira Bitri did not have verification of completion of prevention and containment if communicable diseases.

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff Elvira Bitri did not have evidence of a TB test in 2022.

**R 400.14310            Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident A did not have weight recorded for January and December of 2022  
Resident B have w weight for recorded for March 2023.

**R 400.14313            Resident nutrition.**

(5) Records of menus, including special diets, as served shall be provided upon request by the department.

Resident A is prescribed an 1800 calorie diet. I observed that there was no record of an 1800 calorie diet served.

**R 400.14401            Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The kitchen faucet hot water registered at 91.4 degrees Fahrenheit.  
The bathroom number one faucet hot water registered at 97 degrees Fahrenheit.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

I observed that there was no evening fire drill conducted in the second quarter of 2022.

**REPEAT VIOLATION ESTABLISHED.** Licensing Study Report October 5, 2022, Corrective Action Plan, October 13, 2022.

**IV. RECOMMENDATION**

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



10/07/2024

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LaShonda Reed  
Licensing Consultant

Date