



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 18, 2025

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

RE: License #: AS500413889  
**Jerome**  
**37734 Jerome Dr.**  
**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 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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500413889
<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>	Chandra Harris- Williams
<b>Name of Facility:</b>	Jerome
<b>Facility Address:</b>	37734 Jerome Dr. Sterling Heights, MI 48312
<b>Facility Telephone #:</b>	(734) 408-0112
<b>Original Issuance Date:</b>	12/22/2022
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/17/2025

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Reviewed medications with Home Manager.
- 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.  
Inspection did not occur during a meal preparation.
- 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 06/29/2023- SC803(6), AS301(10), AS312(4), AS316(1) 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:

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(i) The medication.</b></p> <p><b>(ii) The dosage.</b></p> <p><b>(iii) Label instructions for use.</b></p>
<p>During the onsite inspection, staff could not locate Resident A's Cholecalciferol 50 MCG capsules listed on medication log as label on medication stated Vitamin D3 CAP 2000-unit capsules. Label instructions and medication log should match so staff can identify medication.</p> <p>Resident B had Albuterol HFA, Banophen, Acetaminophen 325 mg, Polyethene Glycol and Promethazine PRNs listed on medication log that were not available in home. Staff indicated that they did not have medications and/or that medications were discontinued. Medications no longer prescribed should be removed from medication log.</p> <p><b>REPEAT VIOLATION ESTABLISHED: LSR dated 06/22/2023, CAP dated 06/29/2023</b></p>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<p><b>(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.</b></p>
<p>During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 129.4 degrees Fahrenheit.</p>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<p><b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b></p>

During the onsite inspection, I observed that cleaning is needed near the dryer. There is lint surrounding the dryer vent.	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
The front door does not have non-locking against egress hardware.	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

06/18/2025

Kristine Cilluffo  
Licensing Consultant

Date