



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

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

RE: License #: AS500094382
Abraham CLF
57728 Abraham
Washington Township, MI 48094

Dear Ms. Turner:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It 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 (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

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|------------------------------------|---|
| License #: | AS500094382 |
| 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: | Tracie Shier |
| Name of Facility: | Abraham CLF |
| Facility Address: | 57728 Abraham Washington Township, MI 48094 |
| Facility Telephone #: | (734) 408-0112 |
| Original Issuance Date: | 03/01/2001 |
| Capacity: | 6 |
| Program Type: | MENTALLY ILL |
| Certified Programs: | MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/31/2026

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 1

No. of residents interviewed and/or observed 4

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:
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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



03/31/2026

Kristine Cilluffo
Licensing Consultant

Date