

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW DIRECTOR

February 22, 2006

Sherri Turner Adult Learning Systems-Lower Michigan 1954 S Industrial Ann Arbor, MI 48104

> RE: Application #: AS810279052 Seybold 4922 Munger Rd. Ypsilanti, MI 48197

Dear Ms. Turner:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 780-7159.

Sincerely,

Church Wrom

Chuck Wisman, Licensing Consultant Office of Children and Adult Licensing 301 E. Louis Glick Hwy Jackson, MI 49201 (517) 780-7548

enclosure

cc: Adult Services, Washtenaw Co. D.H.S. Washtenaw Co. C.S.T.S.

MICHIGAN DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILDREN AND ADULT LICENSING LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS810279052
Applicant Name:	Adult Learning Systems-Lower Michigan
Applicant Address:	1954 S Industrial Ann Arbor, MI 48104
Applicant Telephone #:	(734) 668-7447
Administrator/Licensee Designee:	Sherri Turner, Designee Vickie Green, Administrator
Name of Facility:	Seybold
Facility Address:	4922 Munger Rd. Ypsilanti, MI 48197
Facility Telephone #:	(734) 528-9004
Application Date:	09/15/2005
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

Licensing for this facility is based upon Public Act 218 and the administrative rules for small group homes effective May 24, 1994.

This investigation included a review of the application forms and supporting documents, processed licensing record and medical clearances, applicant financial reports, admission and program policies, written notices of corrective action, and on-site licensing inspections. Significant dates of contact and inspections were as follows,

09/15/2005	Enrollment
09/20/2005	File Transferred To Field Office Jackson
10/12/2005	Application Incomplete Letter Sent
10/25/2005	Inspection Completed
11/02/2005	Contact - Document Received Administrator's physical and personnel requirements regarding mandatory reporting and incident reporting
01/11/2006	Contact - Telephone call received Administrator contacted consultant regarding their current progress. They are proposing changing the facility to not wheel chair accessible. She will also send a copy of the policies for review and not just provide them at the final inspection.
	Explained the process to her for inspections, reviews and issuance.
01/30/2006	Contact - Document Received Documentation required for original application
02/01/2006	Contact – Document Received Documentation required for original application
02/06/2006	Contact – Document Received Documentation required for original application
02/14/2006	Final On-site inspection
02/16/2006	Contact – Documentation Received Employee information and Special Certification Application
02/22/2006	Contact – Documentation Received Verification of corrections from 2/14/06 on-site inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Description of facility:

The facility is a yellow brick ranch style home with an attached garage. The facility has a full basement.

The front entrance opens to a small foyer. The foyer opens to the facility living room/area. This area measures 345 square feet.

The rear entrance of the facility begins at a large, railed wood deck. This entrance opens to the facility kitchen. The kitchen contains all modern appliances, including an automatic dishwasher and microwave oven.

Off the kitchen is the facility dining area which measures 71 square feet. Off the dining area is a corridor to a full bathroom and three resident bedrooms.

Off the kitchen is a corridor to a $\frac{1}{2}$ bath, door to the basement, laundry area and a resident bedroom. Off this laundry area is an exit to an enclosed patio at the rear of the facility and the exit to the facility garage.

Resident medications will be stored in a locked kitchen cabinet.

The resident bedrooms are located and measure as follows:

Southwest corner bedroom:	12'4"X11'6" = 142 square feet	(2)*
South bedroom:	8'3"X12'4" = 102 square feet	(1)
Southeast corner bedroom:	12'3"X11'4" = 139 square feet	(2)
Northeast corner bedroom:	10'10"X11'3" = 122 square feet	(1)

(*) Denotes the number of licensed beds

The facility has central air conditioning.

The facility is ramped at the back and front, thus providing wheelchair accessibility to residents.

The facility was previously licensed as a small group with the name, New George Manor, (AS810242181) under a different licensee.

2. Sanitation:

The facility is on public water and sewer. A sewage pump is located in the basement that serves part of the facility plumbing. The facility contains 3 full bathrooms and one $\frac{1}{2}$ bath. One full bath is located in the facility basement and is not available for resident use. Another full bathroom is located off the southeast corner bedroom and is only available to the occupants of that bedroom.

Garbage service is provided weekly by the city of Ypsilanti.

3. Fire Safety:

The facility is heated by a gas-fired forced-air furnace, which is located in the facility basement. A gas-fired water heater is located adjacent to the furnace. The furnace was last inspected in December 2005. A copy of the inspection report is contained in the licensing record. The electric service for the facility is located in the facility garage.

The facility is protected by a hard-wired interconnected smoke alarm system. This system was inspected on January 9, 2006 by ESI Service. A copy of this inspection report is contained in the licensing record.

B. Program Description

1. Administrative structure & capability:

The licensee, Adult Learning Systems – Lower Michigan, was first incorporated on May 1, 1998. According to the Articles of Incorporation, The purpose of the corporation is

"to implement and/or facilitate the implementation of services and/or programs for persons who are disadvantaged in order that they maintain their optimal level of functioning in the least restrictive environment possible. Populations that may be served are those persons labeled handicapped – physically and/or mentally ill, persons who are chronically mentally ill..."

As of 2003, there were six board members for the corporation, and the licensee designee is the president of the board. The licensee operates approximately sixteen other licensed adult foster care facilities throughout eastern Michigan.

2. Qualifications and competencies:

Criminal background checks were conducted on the licensee designee and the administrator via the Michigan State Police database. A criminal background check of the facility's employees was also conducted by the licensee via the Michigan State Police database. Both the licensee designee and administrator completed physical examinations within the past six months.

3. Program Information:

According to the admission policy, the objective of the facility is "to provide services, programs, transportation, assistance, social, emotional and supervision needs of persons with developmental disabilities, mental illness and physical disabilities."

The corporation has established a contract with the local community mental health agency, Washtenaw Community Health Organization, for the provision of services for persons who are developmentally disabled. In response to the contract, the licensee has applied for special certification status for the facility to provide specialized services to the developmentally disabled.

According to the facility program statement, the goal of the facility is "to provide services that will allow the participants to enjoy the highest quality of life possible." The philosophy is to "provide support services in the least restrictive environment while promoting consumer choice."

4. Facility and employee records:

Resident and employee records will be maintained at the facility.

5. Resident rights:

The facility has been supplied with resident rights pamphlets to provide to residents and/or designated representatives. Those resident rights will be reviewed with each individual resident and/or designated representative.

6. Conclusions:

Compliance with the physical plant rules has been determined. All items cited for correction have been verified as corrected in writing or by inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

It is recommend that a temporary license be issued. The terms of the license will permit the licensee to provide care for up to 6 adults who are developmentally disabled under Special Certification.

Chuck Wrom

2/22/06

Chuck Wisman Licensing Consultant Date

Approved By:

Betey Montgomery

2/22/06

Betsy Montgomery Area Manager

Date