



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 25, 2021

Karen LaFave  
Adult Learning Systems - UP, Inc  
Suite-F  
290 Rublien St.  
Marquette, MI 49855

RE: License #: AS210083129  
**Ford River Als**  
**E-4980 M-35**  
**Escanaba, MI 49829**

Dear Ms. LaFave:

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 (517) 284-9730.

Sincerely,

Theresa Norton, Licensing Consultant  
Bureau of Community and Health Systems  
305 Ludington St  
Escanaba, MI 49829  
(906) 280-2519



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

**I. IDENTIFYING INFORMATION**

**License #:** AS210083129

**Licensee Name:** Adult Learning Systems - UP, Inc

**Licensee Address:** Suite-F  
290 Rublien St.  
Marquette, MI 49855

**Licensee Telephone #:** (906) 228-7370

**Licensee/Licensee Designee:** Karen LaFave, Designee

**Administrator:**

**Name of Facility:** Ford River Als

**Facility Address:** E-4980 M-35  
Escanaba, MI 49829

**Facility Telephone #:** (906) 789-2006

**Original Issuance Date:** 10/01/1998

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/25/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed   
No. of residents interviewed and/or observed   
No. of others interviewed  Role:

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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: 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. *(remove if this does not apply)*

The facility is in compliance with all applicable rules and statutes.





#### **IV. RECOMMENDATION**

Choose one:

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).

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

**OR**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

**OR**

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

**OR**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

**OR**

Refusal to renew the license is recommended.

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Theresa Norton  
Licensing Consultant

Date