



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 27, 2021

Karen LaFave  
Adult Learning Systems - UP, Inc  
Suite-4  
228 West Washington  
Marquette, MI 49855

RE: License #: AM170093711  
**Woodview Home**  
**403 S Ravine**  
**Sault Ste Marie, MI 49783**

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 Adult Foster Care medium group home license are renewed. The regular license 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 (906) 226-4171.

Sincerely,

*Laura Mohrman*

Laura Mohrman, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

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

**I. IDENTIFYING INFORMATION**

**License#:** AM170093711

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

**Licensee Address:** Suite-4  
228 West Washington  
Marquette, MI 49855

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

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

**Administrator:** Alan Boike

**Name of Facility:** Woodview Home

**Facility Address:** 403 S Ravine  
Sault Ste Marie, MI 49783

**Facility Telephone #:** (906) 632-0404

**Original Issuance Date:** 11/22/2000

**Capacity:** 8

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/26/2021

Date of Bureau of Fire Services Inspection if applicable: 10/29/2020

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 4  
No. of others interviewed [redacted] Role: [redacted]

- 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? 4 N/A
- Variances? Yes  (please explain) No  N/A   
A variance was granted on 6/6/2008 for rule 401(8).

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 8).

*Laura Mohrman*

08/27/2021

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Laura Mohrman  
Licensing Consultant

Date