



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 10, 2025

Marie Wieland
Ridgeline Lapeer, LLC
1442 Suncrest Dr.
Lapeer, MI 48446

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| RE: License #: | AL440417956 The Ridge At Lapeer Memory Care 1446 Suncrest Dr. Lapeer, MI 48446 |
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Dear Marie Wieland:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

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|------------------------------------|---------------------------------------|
| License #: | AL440417956 |
| Licensee Name: | Ridgeline Lapeer, LLC |
| Licensee Address: | 1442 Suncrest Dr. Lapeer, MI 48446 |
| Licensee Telephone #: | (810) 245-9302 |
| Licensee/Licensee Designee: | Marie Wieland |
| Administrator: | Matthew Brawner |
| Name of Facility: | The Ridge At Lapeer Memory Care |
| Facility Address: | 1446 Suncrest Dr. Lapeer, MI 48446 |
| Facility Telephone #: | (810) 228-3520 |
| Original Issuance Date: | 11/22/2024 |
| Capacity: | 20 |
| Program Type: | AGED ALZHEIMERS |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/06/2025

Date of Bureau of Fire Services Inspection if applicable: 09/05/2024

Date of Health Authority Inspection if applicable: 03/06/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

No. of others interviewed 0 Role: N/A

- 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:
Confirming letter dated 10/07/24: R 400.15403(5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| This facility was found to be in non-compliance with the following rules: | |
| R 400.15205 | Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household. |
| | (5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary. |
| At the time of my inspection, I noted that one employees tb test expired on 01/28/25. All employees must have tb testing at least every 3 years. | |
| R 400.15403 | Maintenance of premises. |
| | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |
| REPEAT VIOLATION ESTABLISHED, Ref. Confirming letter dated 10/07/24. At the time of my inspection, I noted that the carpeting in the common areas of the facility is excessively stained and worn. The carpeting must be kept clean and in good repair. | |
| R 400.15403 | Maintenance of premises. |
| | (6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition. |
| At the time of my inspection, I noted that one of the faucets in the kitchen is broken and not being used. All plumbing fixtures must be maintained in good working condition. | |

IV. RECOMMENDATION

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

Susan Hutchinson

March 10, 2025

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| Susan Hutchinson Licensing Consultant | Date |
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