

GRETCHEN WHITMER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 7, 2024

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

RE: License #: AS520292888

Ripley Court 104 Ripley Court Marquette, MI 49855

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 (616) 356-0100.

Sincerely,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7<sup>th</sup> Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (906) 250-9318

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

#### I. IDENTIFYING INFORMATION

**License #:** AS520292888

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

Administrator:

Name of Facility: Ripley Court

Facility Address: 104 Ripley Court

Marquette, MI 49855

**Facility Telephone #:** (906) 273-0213

Original Issuance Date: 11/30/2007

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

**DEVELOPMENTALLY DISABLED** 

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

#### **II. METHODS OF INSPECTION**

Date of On-site Inspectio	n(s):	05/29/2024	
Date of Bureau of Fire Services Inspection if applicable:			
Date of Health Authority I	nspection if applicable:	Not yet complete.	
No. of staff interviewed a No. of residents interview No. of others interviewed	ved and/or observed	4 4	
Medication pass / sir	nulated pass observed?	? Yes ⊠ No □ If no, explain.	
Medication(s) and m	edication record(s) revie	ewed? Yes ⊠ No □ If no, explain.	
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ⋈ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ⋈ If no, explain. Not there during meal time.</li> <li>Fire drills reviewed? Yes ⋈ No ⋈ If no, explain.</li> </ul>			
Fire safety equipment	nt and practices observe	ed? Yes ⊠ No □ If no, explain.	
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>			
Incident report follow	/-up? Yes⊠ No 🗌 If	no, explain.	
N/A 🖂	n compliance verified? employees followed-up	Yes ☐ CAP date/s and rule/s:  o? 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

Contingent upon a satisfactory environmental health inspection and report, I recommend issuance of a 2 year regular adult foster care license.

	6/7/24
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Garrett Peters	Date
Licensing Consultant	