



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 28, 2020

Laurie Caruso  
Northpointe Behavioral Healthcare  
715 Pyle Drive  
Kingsford, MI 49802

RE: Application #: AM220399461  
**Belgium Pointe**  
**230 Belgiumtown Rd**  
**Norway, MI 49870**

Dear Ms. Caruso:

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 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant  
Bureau of Community and Health Systems  
234 West Baraga  
Marquette, MI 49855  
(906) 280-2519

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM220399461
<b>Licensee Name:</b>	Northpointe Behavioral Healthcare
<b>Licensee Address:</b>	715 Pyle Drive Kingsford, MI 49802
<b>Licensee Telephone #:</b>	(906) 779-0508
<b>Licensee Designee:</b>	Laurie Caruso
<b>Administrator:</b>	Laurie Caruso
<b>Name of Facility:</b>	Belgium Pointe
<b>Facility Address:</b>	230 Belgiumtown Rd Norway, MI 49870
<b>Facility Telephone #:</b>	(906) 563-5383
<b>Application Date:</b>	04/26/2019
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

04/26/2019	On-Line Enrollment
11/19/2019	Inspection Completed On-site
11/19/2019	Inspection Completed-Env. Health : A Completed by consultant Theresa Norton.
08/05/2020	Inspection Completed-Fire Safety : A
10/26/2020	Contact - Telephone call made Phone call to Licensee Laurie Caruso.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is an existing Adult Foster Care Facility (#AL220291989) and has been licensed since 04/26/2019 and is in good standing. The Licensee has chosen to reduce the licensed capacity (from 16 residents to 12 residents) in order to be in compliance with the Home and Community Based Services (HCBS) rules. There is a letter on file from Administrator Laurie Caruso requesting closure of the large group home when licensure is granted to the new medium group home.

The facility is located in the city of Norway. It is close to schools, parks, and shopping areas. The structure is a double-story building with three single mini-apartments (each equipped with a kitchen and full-bath), nine single bedrooms, three full baths with a total of 7686 square feet. The building is state-of-the-art constructed, with a complete automatic fire sprinkling system and it is serviced by municipal water and sewage. The home is owned by Northpointe Behavioral Healthcare Systems. A copy of the deed is maintained in the file. In addition, there is a signed certificate of zoning approval maintained in the file from the City Clerk of the City of Norway.

In addition to the bedrooms, the facility has two kitchen areas, a large dining room and two large living rooms available for use by residents. The facility also has a large lower level multi-purpose room to also be used by residents. Bedrooms have the following dimensions:

Bedroom #1	172sq. ft.	Approved Capacity 1 (Mini apartment)
Bedroom #2	172 sq. ft.	Approved Capacity 1 (Mini apartment)
Bedroom #3	172 sq. ft.	Approved Capacity 1 (Mini apartment)
Bedroom #4	169 sq. ft.	Approved Capacity 1
Bedroom #5	125 sq. ft.	Approved Capacity 1
Bedroom #6	127 sq. ft.	Approved Capacity 1
Bedroom #7	157 sq. ft.	Approved Capacity 1
Bedroom #8	156 sq. ft.	Approved Capacity 1
Bedroom #9	143 sq. ft.	Approved Capacity 1

Bedroom #10	142 sq. ft.	Approved Capacity 1
Bedroom #11	142 sq. ft.	Approved Capacity 1
Bedroom #12	170 sq. ft.	Approved Capacity 1

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee’s responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 08/05/2020 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final internal environmental inspection was completed by this consultant on 11/19/2019.

**B. Program Description**

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Physically Handicapped, Developmentally Disabled, and/or Mentally Ill. The admission policy, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults, and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community. Transportation to local medical appointments will be arranged/provided by the home as needed. Transportation to out-of-area appointment will be arranged/provided.

**C. Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Laurie Caruso, Licensee Designee and Administrator. Ms. Caruso submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results. Ms. Caruso has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 12-bed facility is adequate and includes a minimum of three staff per 12 residents on the awake-shift and three staff to 12 residents during the sleep shift.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The licensee acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee, can administer medications to residents. In addition, the licensee designee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee’s file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission

to the home as well as the required forms and signatures to be completed for each resident on an annual basis.

In addition, the licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home with a capacity of 12 residents.



10/26/2020

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Theresa Norton  
Licensing Consultant

Date

Approved By:



10/28/2020

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Dawn Timm  
Area Manager

Date