



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 29, 2023

Andrea Kayser  
Northpointe Behavioral Healthcare  
715 Pyle Drive  
Kingsford, MI 49802

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

Dear Ms. Kayser:

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,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems  
305 Ludington St  
Escanaba, MI 49829  
(906) 280-8531

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION 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>	Andrea Kayser
<b>Administrator:</b>	Andrea Kayser
<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>Original Issuance Date:</b>	10/23/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/29/2023

Date of Bureau of Fire Services Inspection if applicable: 1/31/2023

Date of Health Authority Inspection if applicable: 03/29/2023

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 8  
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.  
None available
- 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**

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

**IV. RECOMMENDATION**

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

*Maria Debacker*

3/29/2023

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Maria Debacker  
Licensing Consultant

Date