



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 10, 2023

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

RE: License #: AM360395407
Boyington Place
115 W Boyington
Iron River, MI 49935

Dear Ms. Andrea 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

License #: AM360395407

Licensee Name: Northpointe Behavioral Healthcare Systems

Licensee Address: 715 Pyle Drive
Kingsford, MI 49802

Licensee Telephone #: (906) 774-0522

Licensee/Licensee Designee: Andrea Kayser

Administrator: Andrea Kayser

Name of Facility: Boyington Place

Facility Address: 115 W Boyington
Iron River, MI 49935

Facility Telephone #: (906) 265-9113

Original Issuance Date: 11/29/2018

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/06/2023

Date of Bureau of Fire Services Inspection if applicable: 12/01/2022

Date of Health Authority Inspection if applicable: 12/14/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

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.
Time did not permit
- 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? 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

Maria Debacker
Licensing Consultant

Date