



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 3, 2025

David Simpson
Northern Lakes Community Mental Health
Suite A
105 Hall Street
Traverse City, MI 49684

RE: License #: AS830263282
Seneca Place Home
440 Seneca Place
Cadillac, MI 49601

Dear Mr. Simpson:

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,

A handwritten signature in cursive script, reading "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #:	AS830263282
Licensee Name:	Northern Lakes Community Mental Health
Licensee Address:	Suite A 105 Hall Street Traverse City, MI 49684
Licensee Telephone #:	(989) 348-0014
Licensee/Licensee Designee:	David Simpson, Designee
Administrator:	David Simpson
Name of Facility:	Seneca Place Home
Facility Address:	440 Seneca Place Cadillac, MI 49601
Facility Telephone #:	(231) 775-8821
Original Issuance Date:	06/01/2004
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/02/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee Designee

- 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.
Menu observed and confirmed
- 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 ☐
Resident Care Agreement

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

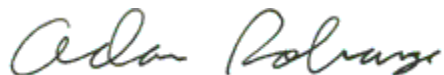
This facility was determined to be in substantial compliance with rules and requirements.

Technical assistance was provided on the following issues:

- A copy of a doctor's order/prescription must be on-site for any special medical procedure (in this case the use of a hospital bed to facilitate a 45 degree sleeping position).
- Staff physicals must be available at the time of inspection and must include a statement from the physician attesting to the physical health of said staff.
- At least two reference checks for prospective staff are required and must be documented with date and some content of the reference check.

IV. RECOMMENDATION

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



01/03/2025

Adam Robarge
Licensing Consultant

Date