



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 14, 2025

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

RE: License #: AS200263280  
**Jones Lake AFC Home**  
**3464 Jones Lake Road**  
**Grayling, MI 49738**

Dear Dave 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 blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW Unit #13  
Grand Rapids, MI 49503  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS200263280
<b>Licensee Name:</b>	Northern Lakes Community Mental Health
<b>Licensee Address:</b>	Suite A 105 Hall Street Traverse City, MI 49684
<b>Licensee Telephone #:</b>	(989) 348-0014
<b>Licensee/Licensee Designee:</b>	David Simpson, Designee
<b>Administrator:</b>	David Simpson
<b>Name of Facility:</b>	Jones Lake AFC Home
<b>Facility Address:</b>	3464 Jones Lake Road Grayling, MI 49738
<b>Facility Telephone #:</b>	(989) 348-2461
<b>Original Issuance Date:</b>	11/03/2004
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/14/2025

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

Date of Environmental/Health Inspection if applicable: 12/03/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed Role:

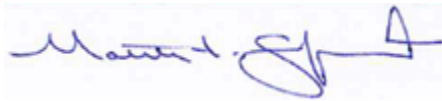
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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.
- 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

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

### IV. RECOMMENDATION

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

A handwritten signature in blue ink, appearing to read "Matthew Soderquist", with a stylized flourish at the end.

3/14/25

---

Matthew Soderquist  
Licensing Consultant

Date