



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 13, 2025

Luanne Guiliani
Northpointe Behavioral Healthcare Systems
715 Pyle Drive
Kingsford, MI 49802

RE: License #: AM220301783
Pines
165 Pyle Drive
Kingsford, MI 49802

Dear Ms. Guiliani:

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 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 CAMP Office
223 Ridge Street
Marquette, MI 49855
(906) 280-8531

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

I. IDENTIFYING INFORMATION

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|------------------------------------|--|
| License #: | AM220301783 |
| 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 Luanne Guiliani, Designee |
| Name of Facility: | Pines |
| Facility Address: | 165 Pyle Drive Kingsford, MI 49802 |
| Facility Telephone #: | (906) 779-2143 |
| Original Issuance Date: | 07/14/2010 |
| Capacity: | 8 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/24

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 12/17/24

No. of staff interviewed and/or observed 4

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.

Maria Debacker

12/17/24

Maria Debacker
Licensing Consultant

Date