

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 31, 2025

Frances Wagner Northern Pathways 12700 Lincoln Lake Ave. Gowen, MI 49326

> RE: License #: AS410407255 Investigation #: 2025A0357048

> > Northern Pathways 2

Dear Ms. Wagner:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Arlene B. Smith, MSW, Licensing Consultant Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 916-4213

arlene B. Smith

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

| License #: | AS410407255 |
|--------------------------------|---|
| Investigation #: | 2025A0357048 |
| Compleint Descint Date: | 07/20/2025 |
| Complaint Receipt Date: | 07/30/2025 |
| Investigation Initiation Date: | 07/30/2025 |
| Report Due Date: | 09/28/2025 |
| Licensee Name: | Northern Pathways |
| Licensee Address: | 12700 Lincoln Lake Ave., Gowen, MI 49326 |
| Licensee Telephone #: | (616) 560-7455 |
| Administrator: | Frances Wagner |
| Licensee Designee: | Frances Wagner |
| Name of Facility: | Northern Pathways 2 |
| Facility Address: | 12700 Lincoln Lake Ave., Gowen, MI 49326 |
| Facility Telephone #: | (616) 712-6002 |
| Original Issuance Date: | 04/27/2021 |
| License Status: | REGULAR |
| Effective Date: | 10/26/2023 |
| Expiration Date: | 10/25/2025 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED, TRAUMATICALLY BRAIN INJURED |

II. ALLEGATION(S)

| Vio | lati | on | ì |
|--------------|------|----|----|
| Estab | lis | he | d? |

| The Kent County Health Department issued a "D" rating as a | Yes |
|--|-----|
| result of concerns regarding the status of the home's septic | |
| drainage field. | |

III. METHODOLOGY

| 07/30/2025 | Special Investigation Intake 2025A0357048 |
|------------|---|
| 07/30/2025 | Special Investigation Initiated - Telephone To the Licensee Fran Waggner. |
| 07/31/2025 | Telephone exit conference with the Licensee Designee Frances Waggner. |

ALLEGATION: The Kent County Health Department issued a "D" rating as a result of concerns regarding the status of the home's septic drainage field.

INVESTIGATION: I received the Kent County Health Inspection Report on 07/30/2025, completed by Sanitarian, Joshua Gekeler, and dated 06/16/2025.

Under the Findings/Recommendations it read as follows: "Section 2 - Two soil borings were placed into the drainbed. The drainbeds tone at SB-1 was wet and gray sludge was beginning to form. The drainbed stone at SB-2 was dry and soil had infiltrated the stone. While the drainbed appears to be functioning, it is beginning to show signs of failure. A pump card for the septic tanks was requested during the site visit and again via email on July 7, 2025. As of the date of this report a pump card has not been received."

Mr. Gekeler issued the rating of a "D" and wrote: "This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended."

On 07/30/2025, I telephoned the Licensee Designee, Frances Wagner. She explained she thought she had the tank pumped in September 2024. She said she has to find the Pump Card. I provided her with the telephone number for the Health Department. She reported she will contact Mr. Gekeler and will fax him the pump card.

On 07/31//2025, I conducted a telephone exit conference with Frances Wagner and she does not think the drainbed is failing. She has found her pump card, and she will fax it to the Health Department.

| APPLICABLE RULE | | |
|-----------------|--|--|
| R 400.14401 | Environmental health. | |
| | (3) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority. | |
| ANALYSIS: | The Kent County Department issued a "D" rating as a result of concerns regarding the septic drainage field. | |
| | Two soil borings were placed into the drainbed. The drainbeds tone at SB-1 was wet and gray sludge was beginning to form. The drainbed stone at SB-2 was dry and soil has infiltrated the stone. While the drainbed appears to be functioning, it is beginning to show signs of failure. A pump care for the septic tanks was requested during the site visit and again via email on July 7, 2025. As of the date of this report, a pump card has not been received. | |
| | The Kent County Health Department issued a "D" rating on the drain bed and the Sanitarian, Joshua Gekeler requested the pump card while at the site visit, and via email, on Jully 7, 2025, but he has not received it. Therefore, there is a violation of the rule. | |
| CONCLUSION: | VIOLATION ESTABLISHED | |

IV. RECOMMENDATION

I recommend the Licensee provide an acceptable plan to the Kent County Health Department and to our department for resolution to the problem with the drain bed. Then the complaint will be closed the license will remain the same.

| arlene B. Smith | 07/31/2025 |
|-----------------------------------|------------|
| Arlene B. Smith, Licensing Consul | tant Date |
| Approved By: | |
| | 07/31/2025 |
| Jerry Hendrick, Area Manager | Date |