



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 1, 2021

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

RE: License #: AS410407255
Northern Pathways 2
12700 Lincoln Lake Ave.
Gowen, MI 49326

Dear Ms. Wagner:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads 'Arlene B. Smith'.

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

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

I. IDENTIFYING INFORMATION

License #: AS410407255

Licensee Name: Northern Pathways

Licensee Address: 12700 Lincoln Lake Ave.
Gowen, MI 49326

Licensee Telephone #: (616) 560-7455

Licensee/Licensee Designee: Frances Wagner, Designee

Administrator: 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

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/12/2021

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Administrator

- 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. The Licensee decided to discontinue her Special Certification because she did not have a signed contract with a CMH nor did she have any residents receiving any residents that were eligible for Special Certification.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
She did not have an Incident/Accident reports.
- 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.

I conducted an exit conference with the Licensee Designee, Frances Wagner and she agreed with my findings.

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.

Arlene B. Smith

10/13/2021

Arlene B. Smith MSW
Licensing Consultant

Date