

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 3, 2022

Kurt Wheeler Northern Michigan Re-Integration Services, Inc. 651 North Otsego Ave. Gaylord, MI 49735

RE: License #: AS690251377

Northern Pathways 9156 North Old 27 Vanderbilt, MI 49795

Dear Mr./Ms. Wheeler:

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 (616) 356-0183.

Sincerely,

Adam Robarge, Licensing Consultant

Eda Polrage

Bureau of Community and Health Systems

701 S. Elmwood, Suite 11 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 #: AS690251377

Licensee Name: Northern Michigan Re-Integration Services,

Inc.

Licensee Address: 651 North Otsego Ave.

Gaylord, MI 49735

Licensee Telephone #: (989) 350-1359

Licensee/Licensee Designee: Kurt Wheeler, Designee

Administrator: Kurt Wheeler

Name of Facility: Northern Pathways

Facility Address: 9156 North Old 27

Vanderbilt, MI 49795

Facility Telephone #: (989) 983-3431

Original Issuance Date: 08/06/2003

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		02/02/2022	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: 12/7/2021			
Inspection Type:	☐ Interview and Obe	servation 🗵] Worksheet] Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:			
Medication pass / sin	nulated pass observed?	Yes 🛛 No	o ☐ 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.			
N/A 🗌	n compliance verified? employees followed-up		
	(please explain) No ⊠		<u>~~~</u>

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

This facility was found to be in non-compliance with the following rules:

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Fire drills were not practiced during sleeping hours each quarter.

R 400.14410 Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

One resident bedroom did not have a mirror available to the resident.

A corrective action plan was requested and approved on 02/02/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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

2/3/2022

Date

Adam Robarge

Licensing Consultant

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