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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2021

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

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

Dear Ms. Wagner:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410407255
Applicant Name:	Northern Pathways
Applicant Address:	12700 Lincoln Lake Ave. Gowen, MI 49326
Applicant Telephone #:	(616) 560-7455
Administrator/Licensee Designee:	Frances Wagner, Designee
Name of Facility:	Northern Pathways 2
Facility Address:	12700 Lincoln Lake Ave. Gowen, MI 49326
Facility Telephone #:	(616) 712-6002
Application Date:	01/07/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/21/2020	Inspection Completed-Env. Health : A Completed for AF410395782 - ok to use per Lic Consultant
12/21/2020	Inspection Completed-Env. Health : A The Health Department gave an "A" rating for this facility under a previous license # within the past six months.
01/07/2021	Enrollment
02/16/2021	Application Incomplete Letter Sent AFC 100 for Frances Wagner
02/17/2021	Contact - Document Received AFC 100 for Frances Wagner
02/17/2021	File Transferred To Field Office Grand Rapids
02/19/2021	Inspection Completed On-site Measured the resident bedrooms and living space.
02/22/2021	Contact - Document Received Received Special Certification application and other supporting documents.
04/05/2021	Inspection Completed On-site Inspection of facility and documents. Received and reviewed documents.
04/05/2021	Application Complete/On-site Needed
04/21/2021	Contact - Document Received Received and reviewed financial documents by email.
04/21/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a newer ranch style home that is located in rural Oakfield Township on the northeastern side of Kent County. The home consists of a main floor with a finished lower level and a large-attached garage. On the main floor there are five bedrooms (one of the bedrooms will be a non-resident bedroom and is for staff to sleep in) and two full bathrooms, an office, a full kitchen with a walk-in pantry, a large closet, a laundry

room, a dining room which continues into a large living room. One of the bathrooms is handicap accessible. Off the living room there is a door which leads to a wooden deck that is located in the rear of the home and has stairs, going to the ground level. The home is wheelchair accessible and is equipped with two approved ramps from the main floor. One ramp is at the front entrance to the home. There is also an approved ramp off the kitchen/dining room through the garage. The lower level of the home is the living area for the Licensee Designee and her husband who is a member of the household. The lower level is not for resident use. The gas furnace and hot water heater are located in the lower level of the home in an enclosed room with a 1 and ¾ inch solid core door, equipped with an automatic self-closing and positive latching device.

The company, Russell Plumbing and Heating, inspected the gas furnace on 01/28/2021, and the report indicated they had replaced a blower wheel and a motor with new capacitor, and they cleaned the underside of a a/c coil. Since the heat-producing equipment is located on the lower level of the home, it is separated from the remained of the home by means of a floor separation. There is a 1 ¾ -inch solid door installed at the top of the stairs and is equipped with an automatic self-closing device with a positive-latching hardware. The home is equipped with interconnected, hardwire smoke detection system with a battery back-up which was installed by a licensed electrician and is fully operational. The fire alarm can be heard throughout the entire home. Fire extinguishers are located on each floor of the home.

The home will utilize a private water and septic system, which the Kent County Health Department approved on their last inspection dated 12/21/2020, with a recommendation of an "A."

Retaining walls have been constructed on both the eastern and western facing side of the home, where the lower-level opens up below the ground level. The owner of the home has constructed railings along the top of the retaining walls providing a protective barrier.

The home was previously licensed as an Adult Foster Care Family Home from 09/23/2009 until 10/31/2018. The home then licensed as an Adult Foster Care Family Home with a different licensee from 11/01/2018 until 03/19/2021.

The new applicant, Northern Pathways, has applied for a Special Certification on 02/22/2021.

Resident bedrooms were measured during the on-site inspections and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	9 x 12.25	110.25	1
# 2	9 x 12.25	110.25	1
# 3	12 x 12.08	144.0	2
# 4	12.6 x 12.25	154.35	2

The Licensee, Frances Wagner, has chosen to use one of the five bedrooms as a sleeping room for the third shift staff.

The living area, dining area, and the kitchen area occupy a continuous space which measures a total of 431.34 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six male or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, traumatically brain injured, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local County-DHHS, various County CMH's, as a referral source or private pay individuals. .

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Northern Pathways, Inc., which is a "Domestic Non-Profit Corporation" was established in Michigan, on 12/21/2021. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Northern Pathways, Inc. have submitted documentation appointing Frances Wagner as Licensee Designee and as the Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted

a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff -to-six residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home, capacity 6.

Arlene B. Smith

04/27/2021

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

04/27/2021

Jerry Hendrick
Area Manager

Date