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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 3, 2021

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

RE: Application #: AS410407268
Northern Pathways 1
12720 Lincoln Lake
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 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 #:	AS410407268
Applicant Name:	Northern Pathways
Applicant Address:	12700 Lincoln Lake Ave. Gowen, MI 49326
Applicant Telephone #:	(616) 560-7455
Administrator/Licensee Designee:	Frances Wagner, Designee/Administrator
Name of Facility:	Northern Pathways 1
Facility Address:	12720 Lincoln Lake Gowen, MI 49326
Facility Telephone #:	(616) 548-5238
Application Date:	01/07/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

12/21/2020	Inspection Completed-Env. Health : A Completed for AF410295936 - ok to use per Licensing Consultant.
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
02/23/2021	Contact - Document Received Received Special Certification
03/03/2021	Application Incomplete Letter Sent
04/22/2021	Contact - Document Received Received Frans's physical.
04/29/2021	Contact - Document Received Received Ms. Wagner's TB test result as negative.
05/17/2021	Inspection Completed On-site
05/17/2021	Contact - Document Received Received Program Statement, Admission policy, Discharge Policy, Organization Chart, Grievance Policy, Refund Policy, Frances Wagner Transcript, Articles of Incorporation, and Michigan Department of Licensing and Regulatory Affairs.
05/21/2021	Contact - Document Received Copy of deed to the property.
05/23/2021	Contact - Document Received Floor Plans.
05/24/2021	Contact - Document Received Received Emergency Plans.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style home is located in Oakfield Township in the northeast corner of Kent County. The home is a stick-built construction with a full basement/lower level.

The front of the home has a ramp and then you enter into the home with a large hallway. The main level of the home consists of the living room, recently remodeled kitchen, and dining room as one large open area. There is a resident bedroom off the kitchen. There is a full laundry room off the living room. There is a hallway beyond the dining room leading to the resident bedrooms. The Licensee Designee recently remodeled the bathroom and now has one large handicapped accessible bathroom. There is one individual resident bedroom off the hallway and two resident bedrooms for two residents off the same hallway. The home has a two-stall attached garage accessible through the living room. There is a ramp as you enter the garage from the living room. Since the home has two approved means of egress with two ramps from the main floor it is wheelchair accessible. The rear entrance to the home is off the dining room and has sliding glass doors that leads to an attached deck which leads to the back yard. The home has a full living quarters located on the lower level of the home and is not licensed for resident use. The home will utilize private water and septic system which was approved by the Kent County Health Department.

The gas furnace and hot water heater are located in the lower level in a room with a 1 3/4 inch solid core door, in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. There is a solid core door on the main floor, equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs off the living room to form the required floor separation. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

The Licensee Designee has applied for a Special Certification.

The home has been previously licensed as a child foster care home License #CF410818913, from 04/22/1994 to 05/09/2002, home named Cole L. and Short-Cole A, Licensee was Leonard J Cole and Annette Short-Cole.

Then the home was licensed as an Adult Foster Care Family Home, License # AF10295936, from 02/08/2002 to 06/30/2007, named KOALA Adult Foster Care, Licensee, Leonard J. Cole and Annette Short-Cole.

Then the home was licensed as an Adult Foster Care Family Home, License #AF410295936, from 05/02/2008 to 06/03/2021, named Country Meadows, Licensee Frances Wagner.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
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# 1	12' 6" x 10' 6"	131.25	1
# 2	10' 6" x 13'	136.5	1
# 3	13' x 12'	156	2
# 4	13' x 14' 6"	188.5	2

The living, and dining, areas measure a total of 371.41square 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 or non-ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, or developed disabled and mentally impaired, and aged, in the least restrictive environment possible. Per a conversation with the applicant/Frances Wagner, it was agreed that she will only serve the population we issued a license for. 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 various County-DHHS, various County CMH's, or private pay individuals, as a referral source.

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 along with families. 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" and was established in Michigan, on 12/21/2020. 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 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 1 staff -to- 6 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 unless the resident(s) require awake staff.

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 residents' 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.

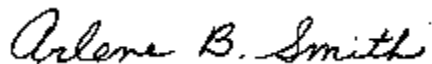
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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.



06/03/2021

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:



06/03/2021

Jerry Hendrick
Area Manager

Date