



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 19, 2023

Michael Clark
Northern Springs Management Co.
6361 Myers Rd. NE
Kalkaska, MI 49646

RE: License #: AL400294299
Meadow View AFC
5536 Gonyer Road
Fife Lake, MI 49633

Dear Mr. Clark:

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,

A handwritten signature in red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License#: AL400294299

Licensee Name: Northern Springs Management Co.

Licensee Address: 6361 Myers Rd. NE
Kalkaska, MI 49646

Licensee Telephone #: (231) 632-7565

Licensee Designee: Michael Clark

Administrator: Michael Clark

Name of Facility: Meadow View AFC

Facility Address: 5536 Gonyer Road
Fife Lake, MI 49633

Facility Telephone #: (231) 879-4023

Original Issuance Date: 08/01/2008

Capacity: 15

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/18/2023

Date of Bureau of Fire Services Inspection if applicable: 04/06/2022

Date of Health Authority Inspection if applicable: 10/04/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

No. of others interviewed 0 Role: [REDACTED]

- 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.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: R305.3 and 310.4 CAP dated July 8, 2022 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On January 18, 2023, I conducted an exit conference with Licensee Designee Mike Clark. I explained my findings as noted above. Mr. Clark stated that he understood and that he had no further information to provide, or questions pertaining to this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 January 19, 2023

Bruce A. Messer
Licensing Consultant

Date