



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING



NICK LYON
DIRECTOR

March 21, 2016

Mary Kruithoff
Muskegon River Pathway of Hope
8835 Oak Road
Ewart, MI 49631

RE: License #: CI670360853
Muskegon River Pathway of Hope
8835 Oak Road
Ewart, MI 49631

Dear Ms. Kruithoff:

Attached is the Interim Inspection Report for the above referenced facility completed on 03/16/16. The inspection has determined full compliance with applicable licensing statutes and rules, sections of the contract and Modified Settlement Agreement (MSA) requirements. It should be noted that violations of any licensing rules are also violations of the MSA and your contract.

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 Greg Corrigan, Area Manager, at 269-337-5289.

Sincerely,

Doug Turrill, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 383-5531

enclosure

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING
INTERIM INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: CI670360853

Licensee Name: Muskegon River Youth Home, Inc

Licensee Address: 3030 Long Lane
Ewart, MI 49631

Licensee Telephone #: (231) 734-6254

Administrator/Licensee Designee: N/A

Name of Facility: Muskegon River Pathway of Hope

Facility Address: 8835 Oak Road
Ewart, MI 49631

Facility Telephone #: (231) 734-3787

Original Issuance Date: 08/19/2014

CMH Funded Facility Yes

<u>Program Type</u>	<u>Setting</u>	<u>Gender</u>	<u>Capacity</u>	<u>From Age</u>	<u>Thru Age</u>	<u>Behavior Mgt. Room</u>	<u>Location</u>
Treatment	Open	FEMAL E	14	10	17	NO	8835 Oak Road

II. METHODS OF INSPECTION

Date of On-site Inspection(s): March 15, 16, 2016

Date of Fire Inspection: August 19, 2014

Date of Environmental/Health Inspection: December 9, 2014

	Total No. of Records	No. of Records Reviewed
No. of current residents (<i>secure-treatment</i>)	NA	NA
No. of current residents (<i>secure-shortterm</i>)	NA	NA
No. of current residents (<i>open-treatment</i>)	7	3
No. of current residents (<i>open-shortterm</i>)	NA	NA
No. who have left the program since the last inspection (<i>secure-treatment</i>)	NA	NA
No. who have left the program since the last inspection (<i>secure-shortterm</i>)	NA	NA
No. who have left the program since the last inspection (<i>open-treatment</i>)	17	2
No. who have left the program since the last inspection (<i>open-shortterm</i>)	NA	NA
No. of Facility Restraints since the last inspection	15	3
No. of Facility Seclusions since the last inspection	NA	NA
		No. of Records Reviewed
No. of current employees who have worked at the facility for:		
More than a year	9	1
Less than a year	8	8
No. Of persons Interviewed:		
Direct Care Staff	2	
Supervisory Staff	1	
Administrators	1	
Residents	2	

The following required records were on file and available for review:

- | | | | | | | |
|---|-------------------------------------|-----|--------------------------|----|-------------------------------------|----|
| Program Statement | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Program Policies | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Staff Training Records | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Income/Expenditure for current year, including most recent
Financial audit | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Staff TB Screening Records | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Staff to Resident Ratio | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Posted Notice: Criminal History Check
for employees and volunteers | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Criminal History and Child Protection Registry Checks
for employees and volunteers | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Volunteer Supervision Policy | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Behavior Management Room Log | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | NA |
| Meal Menus | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |

III. DESCRIPTION OF FINDINGS

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

2.) Any violation listed in section 1 is also an MSA violation. Please note that there are additional MSA requirements that may not be included in section 1. The facility is in compliance will all additional MSA requirements.

3.) Any violation listed in section 1 is also a DHS Contract/Policy violation. Please note that there are additional DHS Contract/Policy requirements that may not be included in section 1. The facility is in compliance will all additional DHS Contract/Policy requirements.

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following area.

RFCJJ 2.10.v.5 Medical and dental examination reports shall be uploaded to MISACWIS within five working days of completion. The agency is completing medical and dentals for residents within the required time frames however the agency has not been uploading them into MISACWIS. This consultant recommended that they have a system for ensuring the documents are uploaded within 5 working days.

V. CONSULTATION

Consultation was not requested at this time.

VI. EVALUATION OF RENEWAL PERIOD

There were no substantiated incidents of maltreatment in care during this licensing period.

There were no incidents of substantiated child abuse and/or neglect during this licensing period.

There were no incidents of substantiated corporal punishment during this licensing period.