



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 13, 2021

Deborah Daly  
Summertree Residential Centers, Inc.  
210 N Lake Street  
Boyne City, MI 49712

RE: License #: AS400066154  
**Westwood**  
**504 West St**  
**Kalkaska, MI 49646**

Dear Ms. Daly:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 dark ink, appearing to read "Bruce A. Messer". The signature is fluid and cursive, written in a professional style.

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**

<b>License #:</b>	AS400066154
<b>Licensee Name:</b>	Summertree Residential Centers, Inc.
<b>Licensee Address:</b>	210 N Lake Street Boyne City, MI 49712
<b>Licensee Telephone #:</b>	(231) 582-2225
<b>Licensee Designee:</b>	Deborah Daly
<b>Administrator:</b>	Cassie Craft
<b>Name of Facility:</b>	Westwood
<b>Facility Address:</b>	504 West St Kalkaska, MI 49646
<b>Facility Telephone #:</b>	(231) 258-3444
<b>Original Issuance Date:</b>	06/27/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/10/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: ORR

- 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: R301(10) dated 12/13/19 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 330.1803 Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association.**

At the time of the on-site inspection, it was noted that the Licensee had not completed an updated "E-Score" calculation at the time of the most recent resident admission on September 30, 2021.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

At the time of the on-site inspection, it was note that the Licensee had not completed a written assessment plan at the time of admission for a resident who was admitted on March 31, 2021. The assessment plan was completed on August 15, 2021 and had not yet been signed by the residents designated representative or by the residents responsible agency.

**R 400.14407 Bathrooms.**

**(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

At the time of the on-site inspection, it was observed that one resident bathroom did not have a non-locking against egress door hardware installed.

On December 10, 2021, an exit conference was provided to Administrator Cassie Craft. I explained my finding as noted above. Ms. Craft stated she understood and that she would submit a corrective action plan to address the cited areas of noncompliance. She had no further questions pertaining to this renewal inspection.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



December 13, 2021

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Bruce A. Messer  
Licensing Consultant

Date