



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 4, 2024

Deborah Pettyplace  
The Barton Woods Group, Inc.  
9472 Kochville Road  
Freeland, MI 48623

RE: License #: AL730352302  
Investigation #: 2024A0572058  
Barton Woods Assisted Living East

Dear Deborah Pettyplace:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL730352302
<b>Investigation #:</b>	2024A0572058
<b>Complaint Receipt Date:</b>	09/06/2024
<b>Investigation Initiation Date:</b>	09/06/2024
<b>Report Due Date:</b>	11/05/2024
<b>Licensee Name:</b>	The Barton Woods Group, Inc.
<b>Licensee Address:</b>	9472 Kochville Road Freeland, MI 48623
<b>Licensee Telephone #:</b>	(989) 695-2014
<b>Administrator:</b>	Rebecca Williams
<b>Licensee Designee:</b>	Deborah Pettyplace
<b>Name of Facility:</b>	Barton Woods Assisted Living East
<b>Facility Address:</b>	9472 Kochville Road Freeland, MI 48623
<b>Facility Telephone #:</b>	(989) 695-5380
<b>Original Issuance Date:</b>	07/29/2014
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/29/2023
<b>Expiration Date:</b>	01/28/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A's family is owed adult foster care payment that was prepaid. Resident A passed during his stay.	Yes

**III. METHODOLOGY**

09/06/2024	Special Investigation Intake 2024A0572058
09/06/2024	Special Investigation Initiated - Letter Complainant.
09/06/2024	Contact - Document Received Complainant.
09/10/2024	Inspection Completed On-site Kelsey Treichel.
09/10/2024	Contact - Telephone call received Administrator, Rebecca Williams.
10/25/2024	Contact - Document Received Resident Care Supervisor, Kelsey Treichel.
10/28/2024	Contact - Telephone call made Resident A's Family Member #1.
10/28/2024	Contact - Face to Face Licensee Designee, Deborah Pettyplace and Administrator, Rebecca Williams.
10/28/2024	Contact - Telephone call received Resident A's Family Member #1.
10/29/2024	APS Referral APS Referral made.
10/29/2024	Inspection Completed-BCAL Sub. Compliance
10/29/2024	Exit Conference Licensee Designee, Deborah Pettyplace.

11/01/2024	Contact – Document received Complainant
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**ALLEGATION:**

Resident A’s family is owed adult foster care payment that was prepaid. Resident A passed during his stay.

**INVESTIGATION:**

On 09/10/2024, the local licensing office received a complaint for investigation. Adult Protective Services (APS) was referred for further investigation.

On 09/10/2024, I made an unannounced onsite to Barton Woods Assisted Living East, located in Saginaw County Michigan. I spoke with Resident Care Supervisor, Kelsey Treichel. I clarified with Kelsey Treichel that Resident A resided in Barton Woods Assisted Living-East. I asked that she send me documents pertaining to Resident A’s care and supervision at the home. Administrator, Rebecca Williams is currently off due to an illness.

On 09/10/2024, I spoke with Administrator, Rebecca Williams regarding the allegation. Rebecca Williams informed that it is the same situation as the most recent investigation and they are in the process of repayment, but they are going through their attorneys. Rebecca Williams informed that the family will be repaid in full in the coming weeks.

On 10/25/2024, I received documentation from Resident Care Supervisor, Kelsey Treichel for Resident A. The Resident Funds Part II indicates that \$34,560 was paid in full for 6 months by the family for the cost of care and supervision on 03/20/2024. The Resident Care Agreement indicates that the cost of care is \$6,000 per month for Resident A. \$6,000 payments were initiated for 04/01/2024 and 05/02/2024. Resident A passed away on 05/02/2024.

On 10/28/2024, I contacted Resident A’s Family Member #1 regarding the allegation. Family Member #1 informed that Barton Woods Assisted Living-East has not paid the family as of yet. They are not going through the court proceedings as it is being handled out of court. Resident A passed away on 05/02/2024. Resident A’s Family Member #1 wanted to speak with attorney before speaking further.

On 10/28/2024, I spoke with Licensee Designee, Deborah Pettyplace regarding the allegation. Deborah Pettyplace informed that she believes that this family will be paid within two weeks. They began offering prepayments for cost of care as a means of giving families a discount during Covid, however; they will no longer be offering this discount anymore. Deborah Pettyplace informed that Administrator, Rebecca Williams will know more about the complaint as she is the one that is handling this.

On 10/28/2024, I spoke with Administrator, Rebecca Williams regarding an update on the complaint. Rebecca Williams informed that the family will be paid in full in the next week or two. Because of the previous issue and the two concurrent issues, they will no longer be offering prepayments for the cost of care.

On 10/28/2024, Resident A's Family Member #1 contacted me and informed that they will send all documents to me via email tomorrow (10/29/2024). As of the submission of this report, I have not received any documents from Family Member #1.

On 10/29/2024, I held an exit conference with Licensee Designee, Deborah Pettyplace regarding the results of the special investigation. Deborah Pettyplace informed that the family will be repaid in full next week.

On 11/01/2024, contact was made with the Complainant and received documents regarding advanced payment. The Barton Woods Assisted Living Refund Policy indicates that Barton Woods will mail refund check no later than 5 banking days after the day of discharge. A copy of the check written out to Barton Woods Assisted Living for \$33,840 was sent to me as proof of the 6 months prepayment for the cost of care. A copy of the Prepayment Contract was provided as well. It indicates that \$36,000 is the cost of care for 6 months, and if prepaid in advance, there is a \$2,160 discount which is a total of \$33,840. Based on the 30-day notice, the family was charged one month of care and supervision (-\$5,640) for a balanced owed of \$28,200.

<b>APPLICABLE RULE</b>	
<b>R 400.15315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.</b>
<b>ANALYSIS:</b>	Based on the interviews of the Licensee Designee, Administrator, Resident A's Family Member #1, and review of documents received from the home, there is enough evidence to establish a rules violation. The Licensee Designee and Administrator were aware that they had not refunded the family

	within 5 banking days. Documents received suggest that the Barton Woods Assisted Living were paid for 6 months of care. Resident A passed away prior to the start of that care was to commence.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

I recommend that no changes be made to the licensing status of this large adult foster care group home pending the receipt of an acceptable corrective action plan (capacity 13-20).



11/04/2024

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



11/04/2024

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Mary E. Holton  
Area Manager

Date