



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 8, 2025

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

RE: License #: AL730317749  
Investigation #: 2025A0572009  
Barton Woods Assisted Living

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.

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 of the name.

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>	AL730317749
<b>Investigation #:</b>	2025A0572009
<b>Complaint Receipt Date:</b>	11/13/2024
<b>Investigation Initiation Date:</b>	11/14/2024
<b>Report Due Date:</b>	01/12/2025
<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>	Deborah Pettyplace
<b>Licensee Designee:</b>	Rebecca Williams
<b>Name of Facility:</b>	Barton Woods Assisted Living
<b>Facility Address:</b>	9472 Kochville Road Freeland, MI 48623
<b>Facility Telephone #:</b>	(989) 695-5380
<b>Original Issuance Date:</b>	10/15/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/15/2023
<b>Expiration Date:</b>	04/14/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility is understaffed.	Yes

## III. METHODOLOGY

11/13/2024	Special Investigation Intake 2025A0572009
11/14/2024	Special Investigation Initiated - On Site
11/14/2024	Contact - Face to Face Resident Care Supervisor, Kelsey Treichel; Direct Care Supervisor, Samantha Kettle; Staff, Lexus Nickelberry and Staff, Shaunna Albert.
11/14/2024	Contact - Document Received Staff Schedules
01/07/2025	Inspection Completed-BCAL Sub. Compliance
01/07/2025	Exit Conference Licensee Designee, Deborah Pettyplace.
01/08/2024	APS Referral An APS referral was made.

### **ALLEGATION:**

Facility is understaffed.

### **INVESTIGATION:**

On 11/13/2024, the local licensing office received a complaint for investigation. Contact will be made with the facility in the coming days.

On 11/14//2024, I made an unannounced onsite at Barton Woods Assisted Living, located in Saginaw County Michigan. Interviewed were, Resident Care Supervisor, Kelsey Treichel; Direct Care Supervisor, Samantha Kettle; Staff, Lexus Nickelberry and Staff, Shaunna Albert.

On 11/14/2024, I interviewed Resident Care Supervisor, Kelsey Treichel regarding the allegation. Kelsey Treichel informed that they have more staff than in the past.

They are currently not full as they are down to 16 residents. On the night of 11/09/2024, staff, Alashia Bodiford texted her at 9:18pm saying that she needed to leave at 11pm because her chest was hurting and would come back after she has taken her meds. Staff Bodiford told Alashia Bodiford on two occasions to find someone on shift to stay to cover her until she came back, because they would be short, due to another employee being mandated to work over at their other job. Alashia Bodiford informed that she would not leave without proper coverage. Kelsey Treichel received a phone call at 1:08am indicating that Alashia Bodiford left and said that she was coming back but had not returned. Kelsey Treichel then texted Alashia Bodiford and received a response at 1:14am that she was on her way back, so Kelsey Treichel informed staff that Alashia Bodiford was on her way back. Kelsey Treichel did not know that Alashia Bodiford never returned until she woke up that morning.

On 11/14/2024, I reviewed the staff schedule for Barton Woods Assisted Living. Alashia Bodiford was on the schedule to work a double shift. On 11/09/2024 from 3pm to 12am and on 11/10/2024 from 12am to 7am. Alashia Bodiford was the only staff scheduled to work.

On 11/14/2024, I interviewed Direct Care Supervisor, Samantha Kettle regarding the allegation. Samantha Kettle informed that the incident occurred on the night of 11/09/2024 thru the morning of 11/10/2024. There were no staff member working in the licensed facility as Alashia Bodiford left and never returned to work. Alashia Bodiford was having chest pains and was going home to take some medication, but never returned. Samantha Kettle received a phone call from 3<sup>rd</sup> shift staff to come in and she arrived around 2:30am. Kelsey Treichel had called earlier to say that Alashia Bodiford was coming back, but that never happened. All of the residents appeared to okay and was not harmed when she arrived. When asked if there are any 2-person assists in the building, Samantha Kettle informed that there were multiple 2-person assists and residents needing a hooyer lift.

On 11/14/2024, I interviewed staff, Lexus Nickelberry regarding the allegation. Does not believe that there is enough staff as there are 8 residents in each hall for a total of 16 residents, and there are multiple residents who are 2-person assists and/or need hooyer lift assistance. Lexus Nickleberry was not working the night of the incident.

On 11/14/2024, I interviewed Staff, Shaunna Albert regarding the allegation. Shaunna Albert believes that there is enough staff, however; staff need to work their entire shift and staff are not respecting the Mandation Policy which is to stay over 4 hours if someone calls in sick prior to their shift. Shaunna Albert gave an example and indicated that someone from 1<sup>st</sup> shift didn't show up for work today, so the 3<sup>rd</sup> shift worker was supposed to stay over for 4 hours, but just left after her shift ended. Staff Albert called the on-call supervisor and they got someone to come in. Shaunna Albert informed that there are several residents who need hooyer lift and several who are 2-person Stand and Pivot.

On 01/07/2025, I contacted Staff, Abigail Turner regarding the allegation. Abigail Turner informed that she was working at a connected licensed facility the night of the incident. Staff Abigail Turner informed that Alashia Bodiford was scheduled to work a double shift. Alashia Bodiford informed Staff Turner? that she had called Kelsey Treichel to let her know that she was not feeling well. Abigail Turner is unsure if Alashia Bodiford was sick or just did not want to work as she didn't really pay attention to how she looked. Abigail Turner informed that there are multiple residents who require 2-person assist and hooyer lift. There were no residents harmed due to the lack of staff. There has not been another incident like this since then. Abigail Turner believes that there is enough staff. Staff Turner believes that the issue for the facility is that too many staff do last minute call-ins, so they are always having to find coverage. As of right now, the entire building has 30 staff members, so there is enough staff, it's just too many call-ins.

On 01/08/2024, an APS referral was made. The allegations received in this investigation were reported to APS.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	There are multiple residents that require a 2-person assist. The facility is only scheduling one staff person during sleeping hours. Based on the interviews of management and staff and review of the staff schedule, there is enough evidence to establish a licensing rules violation. On 11/09/2024, Staff, Alashia Bodiford left at around 11:15pm, leaving no staff to adequately care for the residents until 2:30am. Another staff was working in the building but was not assigned to that location.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 01/07/2025, an exit conference was held with Licensee Designee, Deborah Pettyplace was informed of the results of this special investigation.

**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).



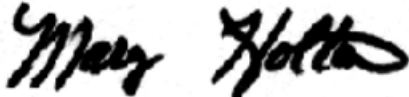
01/08/2025

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Anthony Humphrey  
Licensing Consultant

Date

Approved By:



01/06/2025

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Mary E Holton  
Area Manager

Date