



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2025

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

RE: License #: AL730352302
Barton Woods Assisted Living East
9472 Kochville Road
Freeland, MI 48623

Dear Ms. Pettyplace:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

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

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

I. IDENTIFYING INFORMATION

License #:	AL730352302
Licensee Name:	The Barton Woods Group, Inc.
Licensee Address:	9472 Kochville Road Freeland, MI 48623
Licensee Telephone #:	(989) 695-2014
Licensee/Licensee Designee:	Deborah Pettyplace
Administrator:	Rebecca Williams
Name of Facility:	Barton Woods Assisted Living East
Facility Address:	9472 Kochville Road Freeland, MI 48623
Facility Telephone #:	(989) 695-5380
Original Issuance Date:	07/29/2014
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 01/30/2025

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
No. of others interviewed Role:

- 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:
04/22/2024 al206(2); 09/06/2024 al315(13); 09/13/2024 a;315(13) 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license pending the receipt of the application and application fee.

A handwritten signature in cursive script that reads "Anthony Humphrey". The signature is written in black ink and is positioned above a horizontal line.

01/30/2025

Anthony Humphrey
Licensing Consultant

Date