



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 24, 2025

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

RE: License #: AS280070542
Summerfield AFC
1265 Harvest West
Traverse City, MI 49684

Dear Ms. Daly:

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 and special certification 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #:	AS280070542
Licensee Name:	Summertree Residential Centers, Inc.
Licensee Address:	210 N Lake Street Boyne City, MI 49712
Licensee Telephone #:	(231) 582-2225
Licensee Designee:	Deborah Daly
Administrator:	Deborah Daly
Name of Facility:	Summerfield AFC
Facility Address:	1265 Harvest West Traverse City, MI 49684
Facility Telephone #:	(231) 943-9590
Original Issuance Date:	04/18/1997
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/21/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 07/21/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [redacted]

- 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: 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 regular license and special certification to this AFC adult small group home (capacity 1-6).

Rhonda Richards

11/24/2025

Rhonda Richards
Licensing Consultant

Date