



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 2, 2022

Jessica Boucher  
Pinecrest MCF Board  
PO Box 603  
Powers, MI 49874

RE: License #: AS210338040  
**Whispering Pines**  
**3220 14th Ave**  
**Escanaba, MI 49829**

Dear Ms. Boucher:

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 (906) 226-4171.

Sincerely,

**Maria DeBacker**

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems  
234 West Baraga St  
Marquette, MI 49855  
(906) 280-8531



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

**I. IDENTIFYING INFORMATION**

**License #:** AS210338040

**Licensee Name:** Pinecrest MCF Board

**Licensee Address:** Main Street  
Powers, MI 49874

**Licensee Telephone #:** (906) 497-2551

**Licensee/Licensee Designee:** Jessica Boucher, Designee

**Administrator:** Jessica Boucher, Administrator

**Name of Facility:** Whispering Pines

**Facility Address:** 3220 14th Ave  
Escanaba, MI 49829

**Facility Telephone #:** (906) 497-5580

**Original Issuance Date:** 10/09/2013

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/02/2022

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed NA 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.  
Time not permitting
- 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.  
None to review
- 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Maria DeBacker

3/2/2022

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Maria DeBacker  
Licensing Consultant

Date