

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 31, 2024

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

> RE: License #: AL730352302 Investigation #: 2024A0572060 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,

AthonyHunsphae

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

1:00000 #	41 720252202
License #:	AL730352302
Investigation #:	2024A0572060
Complaint Receipt Date:	09/11/2024
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Investigation Initiation Date:	09/13/2024
Report Due Date:	11/10/2024
Report Due Date.	11/10/2024
Licensee Name:	The Barton Woods Group, Inc.
Licensee Address:	9472 Kochville Road
	Freeland, MI 48623
Licensee Telephone #:	(989) 695-2014
Administrator:	Rebecca Williams
Aummstrator.	
L'access Declarations	
Licensee Designee:	Deborah Pettyplace
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
Oliginal issuance Date.	01/29/2014
License Status:	REGULAR
Effective Date:	01/29/2023
Expiration Date:	01/28/2025
-	
Capacity:	20
Brogrom Typo:	PHYSICALLY HANDICAPPED
Program Type:	
	AGED

II. ALLEGATION(S)

Violation Established?

Resident A's family is not receiving a refund of care services that	Yes
were prepaid.	

III. METHODOLOGY

09/11/2024	Special Investigation Intake 2024A0572060
09/13/2024	Special Investigation Initiated - On Site Resident Care Supervisor, Kelsey Treichel.
09/13/2024	Contact - Telephone call made 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.
10/29/2024	Inspection Completed-BCAL Sub. Compliance
10/29/2024	Contact – Documents Received Family Member #1
10/29/2024	APS Referral An APS Referral was made.
10/29/2024	Exit Conference Licensee Designee, Deborah Pettyplace.

ALLEGATION:

Resident A's family is not receiving a refund of care services that were prepaid.

INVESTIGATION:

On 09/11/2024, the local licensing office received a complaint for investigation. Adult Protective Services (APS) was referred for further investigation.

On 09/13/2024, 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. Kelsey Treichel informed that Administrator, Rebecca Williams is currently off due to sick leave.

On 09/13/2024, 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. The Resident Funds Part II indicates that \$28,800 was paid in full for 6 months by the family for the cost of care and supervision. The Resident Care Agreement indicates that the cost of care is \$5,000 per month for Resident A. Resident A passed away on 04/02/2024 and the payment for the cost of care was to begin on May 1st, 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 paid the family in full in the amount of \$28,800. They did not have to go through the court proceedings as it was handled out of court. Resident A passed away on 04/02/2024 and the payment for the cost of care was to begin on May 1st, 2024. Family Member #1 will send documentation later today. Resident A was residing there under a previous prepayment for care & supervision. This payment would have been the second prepayment for an additional 6 months of care.

On 10/28/2024, I spoke with Licensee Designee, Deborah Pettyplace regarding the allegation. Deborah Pettyplace informed that she believes that this family has been paid and that they are in the process of paying another family as well. They began offering prepayments for cost of care as a means of giving families a discount during Covid, however; they will not be offering this 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 was paid in full a couple

weeks ago in the amount of \$28,800. Because of the previous issue and the two concurrent issues, they will no longer be offering prepayments for the cost of care. On 10/29/2024, I received documents from Resident A's Family Member #1. 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 \$28,800 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 \$30,000 is the cost of care for 6 months, and if prepaid in advance, there is a \$1,200 discount which is a total of \$28,800.

On 10/29/2024, I held an Exit Conference with Licensee Designee, Deborah Pettyplace regarding the results of the special investigation.

APPLICABLE RULE		
R 400.15315	Handling of resident funds and valuables.	
	(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.	
ANALYSIS:	Based on the interviews of the Licensee Designee, Administrator, Resident A's Family Member #1, and review of documents received, 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.	
CONCLUSION:	VIOLATION ESTABLISHED	

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).

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10/29/2024

Anthony Humphrey Licensing Consultant Date

Approved By:

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Mary E. Holton Area Manager

Date

10/31/2024