

March 26, 2025

Marcella Barker  
Rt 1 Box 253  
728 Newborn Rd  
Germfask, MI 49836

RE: License #: AF770076846  
Barkers Country Living  
Rt 1 Box 253  
728 Newborn Road  
Germfask, MI 49836

Dear Ms. Barker:

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) 284-9730.

Sincerely,



Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems CAMP Office  
223 Ridge Street  
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**

<b>License #:</b>	AF770076846
<b>Licensee Name:</b>	Marcella Barker
<b>Licensee Address:</b>	Rt 1 Box 253 728 Newborn Rd Germfask, MI 49836
<b>Licensee Telephone #:</b>	(906) 586-6219
<b>Name of Facility:</b>	Barkers Country Living
<b>Facility Address:</b>	Rt 1 Box 253 728 Newborn Road Germfask, MI 49836
<b>Facility Telephone #:</b>	(906) 586-6219
<b>Original Issuance Date:</b>	08/24/1998
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/18/25

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 3/18/25

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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 2 year regular adult foster care license.

*Maria Debacker*

3/19/25

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Maria Debacker  
Licensing Consultant

Date