



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 4, 2025

Jeffery Felton  
Assisted Living, LLC  
3581 Reiman Rd.  
Grass Lake, MI 49240

RE: License #: AS810310408  
**Birchwood Manor**  
**2106 Camelot**  
**Ann Arbor, MI 48104**

Dear Mr. Felton:

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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS810310408
<b>Licensee Name:</b>	Assisted Living, LLC
<b>Licensee Address:</b>	3581 Reiman Rd. Grass Lake, MI 49240
<b>Licensee Telephone #:</b>	(734) 216-5027
<b>Licensee/Licensee Designee:</b>	Jeffery Felton, Designee
<b>Administrator:</b>	Jeffrey Felton
<b>Name of Facility:</b>	Birchwood Manor
<b>Facility Address:</b>	2106 Camelot Ann Arbor, MI 48104
<b>Facility Telephone #:</b>	(734) 216-5027
<b>Original Issuance Date:</b>	11/29/2010
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2025

Date of Bureau of Fire Services Inspection if applicable: 6/4/2025

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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:  
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.



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Jeffrey J. Bozsik  
Licensing Consultant

Date: 6/4/2025