



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 4, 2025

LaToshia Baruti  
Vintage Specialized Services LLC  
P.O. Box 541  
Leslie, MI 49251

RE: License #: AS380417986  
**Creekside Residential Care - Metro**  
**219 Second Street**  
**Jackson, MI 49201**

Dear Ms. Baruti:

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

**License#:** AS380417986

**Licensee Name:** Vintage Specialized Services LLC

**Licensee Address:** 207 E. Bellevue St.  
Leslie, MI 49521

**Licensee Telephone #:** (313) 567-0709

**Licensee/Licensee Designee:** LaToshia Baruti

**Administrator:** LaToshia Baruti

**Name of Facility:** Creekside Residential Care - Metro

**Facility Address:** 219 Second Street  
Jackson, MI 49201

**Facility Telephone #:** (517) 795-8731

**Original Issuance Date:** 05/13/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 0  
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There were no residents placed in the facility at the time of the on-site inspection.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
The prescribed medications were not reviewed as the resident was no longer residing in the facility. The medication logs for Resident A were reviewed.
- 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.  
There were no residents placed in the facility at the time of the on-site inspection.
- Fire drills reviewed? Yes  No  If no, explain.  
It was noted that one resident was admitted into the facility during the temporary licensing period, and she resided in the facility for one day.
- 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.

*Mahtina Rubritius*

11/4/2025

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Mahtina Rubritius  
Licensing Consultant

Date