



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 15, 2026

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 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 (616) 356-0111.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems CAMP Office
350 Ottawa
Grand Rapids, MI 49503
(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:	N16003 Main Street Powers, MI 49874
Licensee Telephone #:	(906) 497-2551
Licensee/Licensee Designee:	Jessica Bouche
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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/9/26

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 3/9/26

No. of staff interviewed and/or observed 3
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

Choose one:

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).

Maria Debacker

3/15/26

Maria Debacker
Licensing Consultant

Date