



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 23, 2026

Jessica Boucher
Pinecrest MCF Board
PO Box 603
Powers, MI 49874

RE: License #: AS550012097
Whispering Pines West
N16003 Main St.
Powers, MI 49874

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 49503
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #:	AS550012097
Licensee Name:	Pinecrest MCF Board
Licensee Address:	N16003 Main Street Powers, MI 49874
Licensee Telephone #:	(906) 497-2551
Licensee/Licensee Designee:	Jessica Boucher, Designee
Name of Facility:	Whispering Pines West
Facility Address:	N16003 Main St. Powers, MI 49874
Facility Telephone #:	(906) 497-5580
Original Issuance Date:	01/07/1987
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/13/26

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 7/13/26

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.

Maria Debacker

8/2/26

Maria Debacker
Licensing Consultant

Date