



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 28, 2017

Charlotte Dietz  
3510 M 65 N  
LACHINE, MI 49753

RE: License #: AS040386516  
**Touch Of Country**  
**486 S Oliver Street**  
**Alpena, MI 49707**

Dear Ms. Dietz:

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) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste. 3  
Gaylord, MI 49735  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

|                                |   |
|--------------------------------|---|
| <b>License #:</b>              | AS040386516                             |
| <b>Licensee Name:</b>          | Charlotte Dietz                         |
| <b>Licensee Address:</b>       | 3510 M 65 N<br>LACHINE, MI 49753        |
| <b>Licensee Telephone #:</b>   | (989) 255-1728                          |
| <b>Licensee:</b>               | Charlotte Dietz                         |
| <b>Administrator:</b>          | Charlotte Dietz                         |
| <b>Name of Facility:</b>       | Touch Of Country                        |
| <b>Facility Address:</b>       | 486 S Oliver Street<br>Alpena, MI 49707 |
| <b>Facility Telephone #:</b>   | (989) 255-1728                          |
| <b>Original Issuance Date:</b> | 07/12/2017                              |
| <b>Capacity:</b>               | 6                                       |
| <b>Program Type:</b>           | AGED                                    |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/28/2017

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

Date of Health Authority Inspection if applicable: 12/28/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Family Member

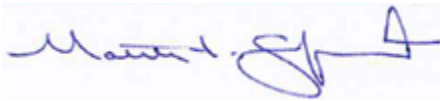
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



12/28/2017

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Matthew Soderquist  
Licensing Consultant

Date