



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 29, 2021

Rusty Ackerman  
3735 Yorkshire Dr  
TRAVERSE CITY, MI 49686

RE: License #: AF280404263  
**Yorkshire Manor**  
**3735 Yorkshire Dr**  
**Traverse City, MI 49686**

Dear Mr. Ackerman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF280404263
<b>Licensee Name:</b>	Rusty Ackerman
<b>Licensee Address:</b>	3735 Yorkshire Dr Traverse City, MI 49686
<b>Licensee Telephone #:</b>	(231) 929-8131
<b>Name of Facility:</b>	Yorkshire Manor
<b>Facility Address:</b>	3735 Yorkshire Dr Traverse City, MI 49686
<b>Facility Telephone #:</b>	(231) 929-8131
<b>Original Issuance Date:</b>	05/06/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/27/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 0 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. none submitted during license period
- 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 found to be in non-compliance with the following rules:

**MCL 400.734b**      **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

**(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history**

**record information on the individual maintained by the department of state police.**

At the time of the on-site inspection, it was noted that the Licensee had failed to obtain a completed Consent and Disclosure form, or complete a background check using the MLTCP program, for four staff members (responsible persons).

**R 400.1405**

**Health of a licensee, responsible person, and member of the household.**

**(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.**

**(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.**

At the time of the on-site inspection, it was noted that the licensee had failed to obtain a statement from a licensed physician attesting to the knowledge of the health of four staff members (responsible persons).

At the time of the on-site inspection, it was noted that the licensee failed to obtain written evidence that two staff members (responsible person) were free from communicable tuberculosis.

**R 400.1407**

**Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:**

**(a) The amount of personal care, supervision, and protection required by the resident is available in the home.**

**(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.**

**(c) The resident appears to be compatible with other residents and members of the household.**

At the time of the on-site inspection, it was noted that the licensee failed to complete resident assessment plans for the residents of the facility.

**R 400.1407**

**Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.**

At the time of the on-site inspection, it was noted that the licensee failed to complete written resident care agreements for the residents of the facility.

**R 400.1407**

**Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization**

**for a substitute form has been granted in writing by the department.**

At the time of the on-site inspection, it was noted that the licensee failed obtain written health care appraisals for the residents of the facility.

**R 400.1416 Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

At the time of the on-site inspection, it was noted that the licensee failed to complete month weight records for the residents of the facility.

**R 400.1426 Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition.**

At the time of the on-site inspection the hot water temperature, as measured in the resident bathroom, was 150 degrees.

It is noted that a safe standard for hot water temperature is 105 to 120 degrees.

A corrective action plan was requested and approved on 10/28/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

On October 28, 2021, I conducted an exit conference with Licensee Rusty Ackerman. I explained my findings as noted above. Mr. Ackerman stated he understood the findings and submitted a corrective action plan addressing each. I provided technical assistance to Mr. Ackerman to assist him in better understand the licensing rules for AFC Family Homes.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

 October 29, 2021

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Bruce A. Messer  
Licensing Consultant

Date