

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 13, 2023

Charlotte Dietz 2362 Gordon Road Alpena, MI 49707

RE: License #: AM040391470

Touch of Country 486 South Oliver Street Alpena, MI 49707

Dear Charlotte 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,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems

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931 S Otsego Ave 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

License #: AM040391470

Licensee Name: Charlotte Dietz

Licensee Address: 2362 Gordon Road

Alpena, MI 49707

Licensee Telephone #: (989) 255-1728

Licensee/Licensee Designee: Charlotte Dietz

Administrator: Charlotte Dietz

Name of Facility: Touch of Country

Facility Address: 486 South Oliver Street

Alpena, MI 49707

Facility Telephone #: (989) 255-1728

Original Issuance Date: 07/18/2018

Capacity: 9

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/21/2022	
Date	e of Bureau of Fire Services Inspection if applicable:	10/04/2022	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	1 4	
•	Medication pass / simulated pass observed? Yes \boxtimes	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Ye	es 🗵 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes	⊠ No lf no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes [If no, explain. Water temperatures checked? Yes ⊠ No ☐ If no, explain.		
•	Incident report follow-up? Yes ⊠ No ☐ If no, explain	n.	
•	Corrective action plan compliance verified? Yes ☐ C N/A ☒ Number of excluded employees followed-up?	CAP date/s and rule/s: 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. On 12/21/2022 I conducted an exit conference with the licensee Charlotte Dietz. Ms. Dietz concurred with the findings of the investigation.

IV. RECOMMENDATION

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

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Matthew Soderquist Licensing Consultant	Date