



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 26, 2023

Myra Ruthig  
Purple77, Inc .  
483 W. Wright Ave  
Shepherd, MI 48883

RE: License #: AM230415158  
**Emerald Ridge**  
**7160 Phaner Hwy.**  
**Pottersville, MI 48876**

Dear Mrs. Ruthig:

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 and special certification have been 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM230415158
<b>Licensee Name:</b>	Purple77, Inc .
<b>Licensee Address:</b>	483 W. Wright Ave Shepherd, MI 48883
<b>Licensee Telephone #:</b>	(517) 224-8600
<b>Licensee/Licensee Designee:</b>	Myra Ruthig, Designee
<b>Administrator:</b>	Myra Ruthig
<b>Name of Facility:</b>	Emerald Ridge
<b>Facility Address:</b>	7160 Phaner Hwy. Pottersville, MI 48876
<b>Facility Telephone #:</b>	(517) 224-8600
<b>Original Issuance Date:</b>	04/25/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/26/2023

Date of Bureau of Fire Services Inspection if applicable: 10/24/2022

Date of Health Authority Inspection if applicable: 03/27/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 11

No. of others interviewed 1 Role: licensee designee

- 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.  
The inspection occurred between the noon meal and dinner.
- 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 ☒

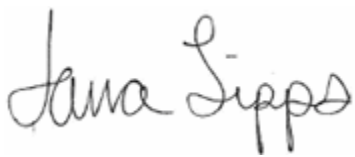
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



09/26/23

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Jana Lipps  
Licensing Consultant

Date