

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 12, 2023

Rusty Ackerman 3735 Yorkshire Dr TRAVERSE CITY, MI 49686

RE: License #: AF280404263

Yorkshire Manor 3735 Yorkshire Dr

Traverse City, MI 49686

#### Dear Rusty Ackerman:

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,

Bruce A. Messer, Licensing Consultant

Brene C. Klessen

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

**License #:** AF280404263

Licensee Name: Rusty Ackerman

**Licensee Address:** 3735 Yorkshire Dr

TRAVERSE CITY, MI 49686

**Licensee Telephone #:** (231) 929-8131

Name of Facility: Yorkshire Manor

**Facility Address:** 3735 Yorkshire Dr

Traverse City, MI 49686

**Facility Telephone #**: (231) 929-8131

Original Issuance Date: 05/06/2021

Capacity: 6

Program Type: AGED

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	10/12/2	023
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
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 0 Role:		2 3
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	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, ex	κplain.	
•	Fire safety equipment and practices observed	d? Yes	⊠ No  If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain.  Water temperatures checked? Yes ⊠ No □	• ,	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expla	ain.
•	Corrective action plan compliance verified? CAP dated 10/28/2021 R407, 416,405,426,a Number of excluded employees followed-up?	asec 734	
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

On October 12, 2023, I conducted an exit conference with Licnesee Rusty Ackerman. I explained my finding as noted above. Mr. Ackerman noted that he understood and that he had no further information to provide, or an questions, pertaining to this renewal inspection.

#### IV. RECOMMENDATION

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

Bruse Of Hasser October 12, 2023

Bruce A. Messer Date Licensing Consultant