

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 6, 2021

Ashley Dull South Torch Assisted Living LLC P.O. Box 218 Elk Rapids, MI 49629

RE: License #: AM050394329

South Torch Assisted Living

12800 Cherry Ave Rapid City, MI 49676

Dear Ms. Dull:

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,

Adam Robarge, Licensing Consultant Bureau of Community and Health Systems

Eda Polrage

701 S. Elmwood, Suite 11 Traverse City, MI 49684

(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AM050394329

Licensee Name: South Torch Assisted Living LLC

Licensee Address: P.O. Box 218

Elk Rapids, MI 49629

Licensee Telephone #: (231) 340-0498

Licensee Designee: Ashley Dull, Designee

Administrator: Christina Wellinger

Name of Facility: South Torch Assisted Living

Facility Address: 12800 Cherry Ave

Rapid City, MI 49676

Facility Telephone #: (231) 322-4444

Original Issuance Date: 06/07/2019

Capacity: 12

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		12/02/2021	
Date of Bureau of Fire S	services Inspection if ap	oplicable: 10/6/2021	
Date of Health Authority	Inspection if applicable	e: 09/14/2021	
Inspection Type:	☐ Interview and Ol☐ Combination	Observation 🛭 Worksheet 🔲 Full Fire Safety	
No. of staff interviewed a No. of residents interviewed No. of others interviewed	wed and/or observed	3 10 see designee	
Medication pass / si	imulated pass observed	d? Yes ⊠ No □ If no, explain.	
Medication(s) and n	nedication record(s) rev	viewed? Yes 🗵 No 🗌 If no, expl	ain
Yes 🗌 No 🔀 If no	o, explain. Resident Fun	s reviewed for at least one resident? nds are not kept by facility.	?
• Fire drills reviewed?	Yes⊠ No ☐ If no, o	explain.	
Fire safety equipme	ent and practices observ	ved? Yes 🗵 No 🗌 If no, explain.	
If no, explain.	C (Special Certification Coscience) (Special Certification Cert	Only) Yes ☐ No ☐ N/A ⊠ o ☐ If no, explain.	
Incident report follow	w-up? Yes⊠ No 🗌 I	If no, explain.	
N/A	·	? Yes CAP date/s and rule/s:	
	d employees followed-u	-	
 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:

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water at the kitchen sink was measured at 132 degrees Fahrenheit at the time of the inspection.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

The temperature in the kitchen refrigerator containing resident food was measured at 42 degrees Fahrenheit at the time of the inspection; one refrigerator in a resident room containing perishables was not equipped with a thermometer.

R 400.14512 Electrical service.

(1) The electrical service of a home shall be maintained in a safe condition.

A multi-plug attachment was in use in a resident room. The multi-plug attachment was not surge-protected or grounded at the time of the inspection.

A corrective action plan was requested and approved on 12/06/2021. 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.

IV. RECOMMENDATION

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

12/6/2021

Adam Robarge Licensing Consultant

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Date