



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 25, 2023

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

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

Dear Mrs. Ruthig:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please 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

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|---|
| License #: | AM230415158 |
| Licensee Name: | Purple77, Inc . |
| Licensee Address: | 483 W. Wright Ave Shepherd, MI 48883 |
| Licensee Telephone #: | (989) 289-6813 |
| Administrator: | Myra Ruthig |
| Licensee Designee: | Myra Ruthig |
| Name of Facility: | Emerald Ridge |
| Facility Address: | 7160 Phaner Hwy. Pottersville, MI 48876 |
| Facility Telephone #: | (517) 645-2436 |
| Application Date: | 12/14/2022 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 12/14/2022 | On-Line Enrollment |
| 01/04/2023 | Inspection Report Requested - Health |
| 01/04/2023 | Application Incomplete Letter Sent app incomplete ltr sent w/1326 , ri-030 and afc-100 |
| 01/23/2023 | Contact - Document Received RI-030, 1326 and AFC-100 |
| 02/08/2023 | Comment request sent to add fingerprints |
| 02/08/2023 | PSOR on Address Completed |
| 02/09/2023 | Comment Sent request for correct corporation number |
| 02/23/2023 | Contact - Telephone call received licensee called about transfer, still waiting for correct corporation number-resent app incomplete request |
| 02/23/2023 | Comment Jana Lipps granted permission to use fire safety inspection done at the address on 10/24/2022. |
| 02/24/2023 | File Transferred To Field Office |
| 02/27/2023 | Application Incomplete Letter Sent |
| 03/13/2023 | Inspection Completed On-site |
| 03/13/2023 | Inspection Completed-BCAL Sub. Compliance |
| 04/24/2023 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style home with a walk-out basement. The residents reside in the lower level of the home. The second floor of the home is occupied by the licensee designee, Myra Ruthig, and her spouse, Rodney Baxter. The home is situated on 10.48 acres of land in a rural area of Eaton County, at 7160 Phaner Hwy, Pottersville, MI 48876. The home lies within Windsor Township. There are seven resident bedrooms found on the lower level with a walk-out basement that leads to a large, covered porch.

There is a full resident bathroom, a half resident bathroom, and a large resident shower room, equipped with a full walk-in shower, all on the lower level of the home. The living room, dining room, and kitchen area are all located at the center of the lower level providing for resident access to all these areas. The living room has an old fireplace that has been converted to a fish tank for resident entertainment. The residents have access to a large day room on the second floor of the home. The home has complete wheelchair accessibility with three approved means of egress for wheelchair accessibility from the lower level. These two approved means of egress lead directly to the covered porch, which has a wheelchair ramp that runs to the driveway and away from the home. Two of the approved exits are located near bedrooms #1 - #5, and the third approved exit is located near bedrooms #6 - #7. The home utilizes a private well and a private septic system. A recent environmental health inspection was completed and approved on 3/27/23 and the facility was determined to be in substantial compliance with applicable environmental health rules.

The facility does use an approved ceiling tile in the lower level of the home. The number of the tile is 942B, which is constructed of a Class A fire rated material. Near resident bedrooms #6 and #7 there are wood panels attached to the drywall on the bottom of the walls. These panels were attached directly to the drywall, not the wall studs.

The home has two forced air, propane furnaces located on the lower level where the residents reside. One furnace room is located next to bedroom #5 and the other furnace room is located off from the kitchen. The furnace room doors are constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The furnace rooms are kept locked, by the licensee, at all times. Resident bedroom #1 utilizes an electric baseboard heating system. The home has a central air conditioner for resident comfort. The home has two propane fueled hot water heaters, located in the furnace rooms. The home has a third, electric water heater, located in the laundry room. The home is equipped with a generator for emergency power outages. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system. The home is not sprinkled as the original licensee was grandfathered in with the prior bureau of fire safety rules and the change in ownership has occurred with no lapse in license. The facility was last inspected by the Bureau of Fire Services on 10/24/2022 and determined to be in substantial compliance with applicable fire safety rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12'1 x 8'7 | 103.70 | 1 |
| 2 | 12'5 x 13'8 | 169.70 | 2 |
| 3 | 9'11 x 17'4 | 171.89 | 2 |
| 4 | 10 x 17'4 | 173.33 | 2 |

| | | | |
|---|--------------|--------|---|
| 5 | 10 x 17'4 | 173.33 | 2 |
| 6 | 9'11 x 9'11 | 98.35 | 1 |
| 7 | 16'7 x 12'10 | 212.81 | 2 |

The living, dining, and sitting room areas measure a total of 1448.1 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled, aged, Alzheimer's, physically handicapped, traumatically brain injured, or mentally ill, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from (Clinton/Eaton/Ingham County CMH, or private pay individuals) as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide or arrange all transportation for program and medical needs. The licensee has access to a handicap accessible van for transportation purposes. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Purple77, Inc., which is a "For Profit Corporation" was established in Michigan, on 11/20/18. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Purple77, Inc. have submitted documentation appointing Myra Ruthig as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Myra Ruthig has many years of experience with all program types as she has been an administrator and licensee designee for multiple licensed AFCs, all in good standing.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 1 staff –to- 12 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours. The applicant has identified that all residents have a call button which alarms in the applicant's living quarters on the second floor of the home.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

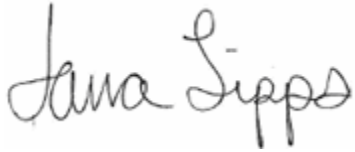
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home with a capacity of 12 residents.

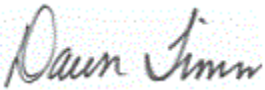


04/24/2023

Jana Lipps
Licensing Consultant

Date

Approved By:



04/24/2023

Dawn N. Timm
Area Manager

Date