



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 27, 2025

Myra Ruthig
Purple77, Inc .
7160 Phaner Hwy.
Pottersville, MI 48876

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

Dear Myra 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 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 (517) 335-5985.

Sincerely,

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AM230415158

Licensee Name: Purple77, Inc .

Licensee Address: 7160 Phaner Hwy.
Pottersville, MI 48876

Licensee Telephone #: (517) 224-8600

Licensee/Licensee Designee: Myra Ruthig

Administrator: Myra Ruthig

Name of Facility: Emerald Ridge

Facility Address: 7160 Phaner Hwy.
Pottersville, MI 48876

Facility Telephone #: (517) 224-8600

Original Issuance Date: 04/25/2023

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/23/2025
Date of Bureau of Fire Services Inspection if applicable: 09/08/2025
Date of Health Authority Inspection if applicable: 07/08/2025
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 7
No. of others interviewed 0 Role: 0

- 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.
- 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.

IV. RECOMMENDATION

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



10/27/2025

Eli DeLeon
Licensing Consultant

Date