



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 4, 2026

Mark Wilson
Traverse Neuro Rehabilitation, LLC
654 Hastings St.
Traverse City, MI 49686

RE: License #: AS280401994
Traverse Neuro Rehabilitation
654 Hastings St.
Traverse City, MI 49686

Dear Mr. Wilson:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
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 #:	AS280401994
Licensee Name:	Traverse Neuro Rehabilitation, LLC
Licensee Address:	654 Hastings St. Traverse City, MI 49686
Licensee Telephone #:	(231) 252-2485
Licensee Designee:	Mark Wilson, Designee
Administrator:	Mark Wilson
Name of Facility:	Traverse Neuro Rehabilitation
Facility Address:	654 Hastings St. Traverse City, MI 49686
Facility Telephone #:	(231) 252-2485
Original Issuance Date:	02/05/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/03/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

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. None kept
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents present
- 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.
None
- 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 found to be in non-compliance with the following rules:

R 400.645

Environmental health.

(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.

The water at one kitchen sink open to resident use was measured at 122 degrees Fahrenheit at the time of the inspection.

R 400.665

Food service.

(4) Food must be stored at temperatures that will protect against spoilage. Cold foods must be stored at 40 degrees Fahrenheit or below and hot foods stored at 140 degrees Fahrenheit or above until served to residents, except during periods that are necessary for preparation.

The temperature in one resident refrigerator containing food was measured at 42 degrees at the time of the inspection.

R 400.665

Food service.

(5) Refrigerators and freezers must be equipped with thermometers.

One thermometer was inoperable and another missing in two freezers used for resident food.

A corrective action plan was requested and approved on 08/03/2026. 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.



8/4/2026

Adam Robarge
Licensing Consultant

Date