



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2024

Meaghan Rinaldi
Country Creek AFC, Inc.
2771 Lamb Rd.
Mason, MI 48854

RE: Application #: AM330411097
Country Creek
2771 Lamb Rd.
Mason, MI 48854

Dear Ms. Rinaldi:

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 "Julie Elkins".

Julie Elkins, 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 #:	AM330411097
Applicant Name:	Country Creek AFC, Inc.
Applicant Address:	2771 Lamb Rd. Mason, MI 48854
Applicant Telephone #:	(517) 676-1070
Licensee Designee:	Meaghan Rinaldi
Administrator:	Meaghan Rinaldi
Name of Facility:	Country Creek
Facility Address:	2771 Lamb Rd. Mason, MI 48854
Facility Telephone #:	(517) 676-1070
Application Date:	12/07/2021
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/17/2020	Inspection Completed-Fire Safety : A OK to use per Lic Consultant.
12/07/2021	Enrollment.
12/09/2021	File Transferred to Field Office Lansing via SharePoint.
12/14/2021	Application Incomplete Letter Sent.
04/19/2022	Contact - Document Received.
04/21/2022	Contact - Document Received Corporation Application.
05/26/2022	Contact - Document Sent Email to Meghan requesting documents to process the application.
08/17/2023	Contact - Document Sent Application and business entity search documents contradict. Sent to LD MR for correction.
08/17/2023	Application Incomplete Letter Sent Second time with what is still needed.
11/29/2023	Application Incomplete Letter Sent Updated.
03/21/2024	Contact - Document Received anticipate final approval for special use permit on 4/18/2024.
05/06/2024	Contact - Document Received- Special Use Permit Received.
06/05/2024	Inspection Completed On-site
06/05/2024	Inspection Completed-BCAL Sub. Compliance.
07/11/2024	SC-Application received.
07/21/2024	Contact - Document Received furnace, AC and hot water tank inspection dated 7/16/2024.
7/22/2024	Inspection Completed On-site-Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Creek is a ranch style home located in the city of Mason, Michigan. The home is currently operating as a licensed adult foster care facility and is changing ownership. The home has eight resident bedrooms, with two resident bedrooms located in the basement and six resident bedrooms on the main level. The home has a finished walkout basement with egress to the backyard. The basement also has egress to an enclosed patio that leads to the backyard area. Finally, the basement has a living room area for residents. The main level includes a living room, dining area, kitchen, and resident bedrooms. The facility is not wheelchair accessible even though the front of the house has a wheelchair ramp. The home utilizes private water and sewage disposal system which were determined to be in environmental compliance with applicable environmental health rules by the Ingham County Health Department under the previous owner. This inspection occurred on 08/22/2023.

The gas furnace and water heater are in the basement in a room that is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnace and air condition unit were both inspected on 07/16/2024 and found to be in good working condition. The water heater, which has a relief valve and was inspected on 07/16/2024 was found to be in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Under the previous owner, the facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. This inspection occurred on 02/05/2024 and applies to this license.

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

Bedroom #	Room Dimensions	Square Footage	Resident Beds
1	11'6" X 12"	139.20	1
2	12'3" X 15'3"	188.19	2
3	14'5" X 17"	246.50	2
4	9'1" X 9"	81.90	1
5	7'8" X 12'5"	97.50	1
6	9'1" X 8'9"	80.99	1
7 (basement)	12'6" X 14'3"	180.15	2
8 (basement)	13'5" X 13'3"	179.55	2
Basement Living Room	13'3" X 22'2"	295.26	0
Basement Sitting Room	13'3" X 9'8"	130.34	0
Living Room	14'6" X 19'9"	290.54	0

Dining Room	10'1" X 11'2"	113.12	0
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The indoor living and dining areas measure a total of 829.26 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate twelve residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

I reviewed a Special Use Permit that was on Alaiedon Township letterhead and signed by David Leonard, Clerk which stated:

"A Special Use Permit has been granted to: 2771 Lamb Road Mason, MI. Zoned A-1 General Agricultural by the Alaiedon Township Board on Monday, April 8, 2024 for the purpose of amending a Special Land Use Permit issued March 14, 1988, with the follow stipulations: 12- resident adult foster care home for mentally handicapped, aged and developmentally delayed individuals or the like being contingent on remaining a Level 1 community adult foster care home or the like that is audited by the State. The applicant fulfilled all of the requirements Alaiedon Township Zonin Ordinance #8 at the time of issuance in 1988."

B. Program Description

The applicant, Meaghan Rinaldi intends to provide 24-hour supervision, protection, and personal care to twelve male and/or female residents who are aged, physically handicapped, mentally ill and/or developmentally disabled. With a structured daily routine, residents will have personalized care, community activities base on their individual needs/interests, and medical services, with Visiting Physicians being an option. Individual plans will be designed around the interest of each resident with input from family, friends, and case managers. Personal hygiene, laundry, medication assistance, and meals will be provided. Resident care will be provided by trained staff that has had mandatory training through Community Mental Health (CMH) of Clinton, Eaton, and Ingham Counties (CEI).

It is the intent of Ms. Rinaldi to utilize local community resources for recreational activities including bowling, movie theaters, libraries, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of residents, if applicable. Transportation is provided at no extra cost and can be provided by Country Creek staff or public transportation. The applicant intends to accept referrals from CMHCEI, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Rule/Statutory Violations

The applicant is Emmaus Corporation, a "Domestic Profit Corporation" registered to transact business in Michigan on 05/01/2000. 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 Emmaus Corporation has submitted documentation appointing Meaghan Rinaldi as licensee designee and administrator for this facility. Criminal history background checks of Meaghan Rinaldi were completed on and she was determined to be of good moral character to provide licensed adult foster care. Meaghan Rinaldi submitted statements from a physician documenting her good health and current negative tuberculosis test results. Meaghan Rinaldi provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Rinaldi began working as direct care staff a large adult foster care facility in June 2015 and is currently the licensee designee/administrator the facility. She has experience working with each population group on the application.

Ms. Rinaldi reported the staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff for 12 residents per shift. Ms. Rinaldi acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Rinaldi has indicated that direct care staff will be awake during sleeping hours.

Ms. Rinaldi acknowledged 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.

Ms. Rinaldi acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Rinaldi acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Rinaldi acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Rinaldi 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.

Ms. Rinaldi acknowledged the 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 Ms. Rinaldi acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Rinaldi acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Ms. Rinaldi acknowledged the responsibility to obtain the required 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. Ms. Rinaldi acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file. Ms. Rinaldi acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Rinaldi acknowledged 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.

Ms. Rinaldi acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Rinaldi indicated the intent to respect and safeguard these resident rights.

Ms. Rinaldi acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Rinaldi acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

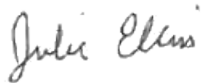
Ms. Rinaldi acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home with a capacity of 12 residents.



07/22/2024

Julie Elkins
Licensing Consultant

Date

Approved By:



07/22/2024

Dawn N. Timm
Area Manager

Date