



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2025

Mark Mann
12188 Cary Road
Cement City, MI 49233

RE: License #: AL380272324
Country Living AFC
12188 Cary Road
Cement City, MI 49233

Dear Mr. Mann:

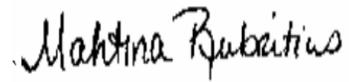
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance (Regarding Rules 400.647 (9), 400.647 (5), 400.657 (4), & 400.645 (3)), by Monday, February 2, 2026.
- You are to submit a Statement of Correction (Regarding Rules 400.619 (8) & 400.691 (1)(g)), by Monday, February 2, 2026.

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive style with a large initial 'M'.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AL380272324
Licensee Name:	Mark Mann
Licensee Address:	12188 Cary Road Cement City, MI 49233
Licensee Telephone #:	(517) 439-1001
Licensee/Licensee Designee:	N/A
Administrator:	Mark Mann
Name of Facility:	Country Living AFC
Facility Address:	12188 Cary Road Cement City, MI 49233
Facility Telephone #:	(517) 592-6007
Original Issuance Date:	01/19/2006
Capacity:	14
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/23/2025

Date of Bureau of Fire Services Inspection if applicable: 10/08/2025

Date of Health Authority Inspection if applicable: 08/14/2025

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 10
No. of others interviewed 0 Role: [REDACTED]

- 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.
The on-site inspection was not concurrent with the mealtimes.
- 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.
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
These rules were cited prior to the promulgation of the new rules, which became effective on November 3, 2025. MCL 400.734b (4), R 400.15103 (4), R 400.15203 (1)(a), R 400.15205 (4), R 400.15208 (1), R 400.15315 (3), R 400.15318 (5), R 400.15401 (2), R 400.15402 (3), R 400.15403 (1) & R 400.15403 (5). CAP Approved 12/27/2023. N/A
- Number of excluded employees followed-up? 1 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 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

- While the licensee completed three fire drills during the 1st quarter of 2025, there was no fire drill conducted during the sleeping hours.
- This is a **REPEAT VIOLATION**. Please see LSR dated 12/12/2023 - CAP Approved 12/27/2023.

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 hot water temperature was 130 degrees Fahrenheit at the kitchen fixture.
- This is a **REPEAT VIOLATION**. Please see LSR dated 12/12/2023 - CAP Approved 12/27/2023.

R 400.647 Safety and maintenance of premises.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

- The upstairs bathroom needed repair as the trim was missing, the walls required painting, the flooring required repair, and the shower door was stained (due to well water).
- The radiator covers were also missing.

R 400.647 Safety and maintenance of premises.

(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.

- The backdoor steps were not equipped with handrails on both sides.

R 400.657 Bedrooms.

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

- One bedroom door (on the second floor) was not affixed to the frame.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:

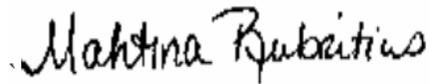
(g) Admission and monthly weight record.

- Resident A was admitted into the facility on May 1, 2025. There was no record that Resident A was weighed at the time of admission and in June of 2025.

A corrective action plan was requested and approved on 12/23/2025. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.



12/23/2025

Mahtina Rubritius
Licensing Consultant

Date