



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 23, 2017

Christopher Risner
Dansville Country Care LLC
P.O. Box 122
Dansville, MI 48819

RE: Application #: AS330381571
Mason Country Care
776 E. Columbia Street
Mason, MI 48854

Dear Mr. Risner:

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 6 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) 284-9720.

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 Application #:	AS330381571
Applicant Name:	Dansville Country Care LLC
Applicant Address:	1060 S. Jackson St. Dansville, MI 48819
Applicant Telephone #:	(517) 623-0119
Licensee Designee	Christopher Risner
Administrator	Christine Simon
Name of Facility:	Mason Country Care
Facility Address:	776 E. Columbia Street Mason, MI 48854
Facility Telephone #:	(517) 883-5028
Application Date:	02/19/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

02/19/2016	Enrollment
02/29/2016	Contact - Document Sent Rules & Act booklets
02/29/2016	Application Incomplete Letter Sent Rec cl for Christopher
03/08/2016	Contact - Document Received Rec cl for Christopher
03/31/2016	Application Incomplete Letter Sent
03/09/2017	Contact - Telephone call made talked to Chris Risner about getting the paperwork to me for the pending enrollment.
03/27/2017	Contact - Telephone call made checked in with Chris Simon about paperwork needed for enrollment to process original application.
04/10/2017	Contact - Telephone call made email to Chris Simon about enrollment and that I was planning to come out on 4/17/17.
04/12/2017	Contact - Document Sent email to Chris Risner- resent confirming letter and what was needed for the original inspection.
04/17/2017	Contact - Telephone call received Telephone call from Chris Risner- they are not ready for inspection please do not come out today.
04/26/2017	Contact - Telephone call received inquired as to the status of the enrollment and when I could come out.



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06/07/2017 Contact - Document Sent
email inquiring about Mason and when we schedule the
inspection.

06/23/2017 Contact - Telephone call received
telephone call from Chris Simon. Waiting on some items from
Chris Risner then she will call to schedule the inspection.

07/05/2017 Inspection Completed On-site

07/05/2017 Inspection Completed-BCAL Sub. Compliance

07/12/2017 Inspection Completed On-site

07/12/2017 Inspection Completed-BCAL Sub. Compliance

07/12/2017 Application Complete/On-site Needed

07/27/2017 CAP Compliance Verification- fire door installed

08/03/2017 Exit Conference with Chris Simon

08/07/2017 Exit Conference with Chris Risner

08/03/2017 Inspection Completed-BCAL Full Compliance



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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Mason Country Care is a single-story, ranch style facility that is located in the city of Mason. The facility has six resident bedrooms, two full resident bathrooms, one non-resident bathroom, a dining area, kitchen, living room, medication/laundry room, and basement. The facility is wheelchair accessible and has two approved means of egress, the front entrance has a wheelchair ramp and the second exit is at grade. The facility has ample parking for resident guests and facility employees. The home utilizes public water supply and sewage disposal system.

The facility is equipped with one electric forced heat furnace and a water heater, both of which are located in the basement of the facility which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'2 x 10'1	112.60	1
2	11'2 x 10'1	112.60	1
3	11'2 x 9'11	110.74	1
4	12'5 x 15'9	195.56	1
5	10'5 x 9'11	103.30	1
6	14'3 x 8'11	127.06	1
Medication/Laundry Room	12'5 x 15'10	196.60	0
Living room	21'7 x 11	237.42	0
Dining room	11'3 x 15	168.75	0
Kitchen	11'3 x 14	157.50	0
Sitting Room	15 x 11'3	168.75	0



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The indoor living and dining areas measure a total of 1,968.67 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged and at least 60 years old or who have Alzheimer's disease or related conditions. The program offers visiting physicians, hospice care, Alzheimer's care, home cooked meals, medication administration, recreational activities and assistance with activities of daily living. The applicant intends to accept 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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. Additionally, the facility brings in a care team that provides exercises for the residents and is led by a physical therapist. The facility has board games, puzzles and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Dansville Country Care LLC., a "For Profit Corporation", established in Michigan on May 7, 2010. 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 Senior Country Care LLC filed a certificate of assumed name (ID # D41580) and elected to transact business under the assumed name of Dansville Country Care on September 12, 2013. Senior Country Care LLC has submitted documentation appointing Chris Risner as licensee designee for this facility and Christine Simon as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster



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care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Chris Risner, licensee designee, has worked with the aged and Alzheimer's population as a licensee designee for another small group home since 2012. Additionally, Mr. Risner reports ten years of experience as a part time care taker for a relative that was physically disabled and diagnosed with Alzheimer's disease. Ms. Christine Simon, administrator, began working with the elderly in 1987 as a certified nursing assistant and has been the home manager of another small adult foster care facility for the past five years working with the aged and Alzheimer's population.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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.

The applicant 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, Mr. Risner, will 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 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,



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

The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with mobility impairments will only reside on the main floor of the facility.



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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 six-month temporary license to this adult foster care small group home with a capacity of six.

08/23/2017

Julie Elkins
Licensing Consultant

Date

Approved By:

08/23/2017

Dawn N. Timm
Area Manager

Date