



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 30, 2021

Meaghan Rinaldi  
Emmaus Corp.  
2447 N Williamston Rd  
Williamston, MI 48895

RE: Application #: AM330407985  
**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. If 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 "Derrick L. Britton".

Derrick L. Britton, 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**

<b>License #:</b>	AM330407985
<b>Applicant Name:</b>	Emmaus Corp.
<b>Applicant Address:</b>	2447 N Williamston Rd Williamston, MI 48895
<b>Applicant Telephone #:</b>	(517) 655-8953
<b>Licensee Designee:</b>	Meaghan Rinaldi
<b>Administrator:</b>	Meaghan Rinaldi
<b>Name of Facility:</b>	Country Creek
<b>Facility Address:</b>	2771 Lamb Rd Mason, MI 48854
<b>Facility Telephone #:</b>	(517) 676-1070 04/06/2021
<b>Application Date:</b>	
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

04/06/2021	Enrollment
04/08/2021	Inspection Report Requested - Fire
04/08/2021	Contact - Document Sent Fire Safety String- Approval from previous inspection dated 6/17/2020- Inspection Completed Fire Safety: A
04/08/2021	Inspection Completed- Env. Health: A- Inspection completed on 02/24/2020
04/30/2021	Application Incomplete Letter Sent
04/30/2021	Contact - Document Received Email from previous owner re: purchase sale agreement complete
05/03/2021	Contact - Document Received- Email from Meaghan Rinaldi re: application incomplete items
05/10/2021	Contact - Document Received- Email from Meaghan Rinaldi re: application incomplete items
05/12/2021	Contact - Document Received- Email from Justin Miller re: purchase agreement
05/18/2021	Contact - Document Received- Email from previous owner re: application incomplete items and assisting current owners
05/28/2021	Contact - Document Received- Email from Meaghan Rinaldi re: faxing over application incomplete items
05/28/2021	Contact - Document Received- Email from Dawn Timm re: fire and environmental inspections carrying over from previous license
05/28/2021	Contact - Document Sent- Email to Meaghan Rinaldi re: special cert application
05/28/2021	Contact - Document Received- Email from Meaghan Rinaldi re: removing Alzheimer's from license
06/02/2021	Contact - Document Received- Email from Meaghan Rinaldi re: CMH contract approval
06/10/2021	Contact - Document Received- Email from Meaghan Rinaldi re: special certification application

06/16/2021      Application Complete/On-site Needed

06/21/2021      Inspection Completed On-site

06/21/2021      Inspection Completed-BCAL Full Compliance

06/29/2021      PSOR on Address Completed- No hits at address

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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 home is not wheelchair accessible. 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 02/24/2020.

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 was inspected on 06/25/2021 and found to be in good working condition. The water heater, which has a relief valve and was inspected on 06/25/2021 and 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 06/17/2020 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	Total Square Footage	Total Resident Beds
1 (Basement)	13'5" x 13'3"	179.55	2
2 (Basement)	12'6" x 14'3"	180.18	2
3	11'6" x 12'	139.20	1

4	12'3" x 15'3"	188.19	2
5	9'1" x 9'	81.90	1
6	9'1" x 8'9"	80.99	1
7	7'8" x 12'5"	97.50	1
8	14'5" x 17'	246.50	2
Basement Living Room	13'3" x 22'2"	295.26	0
Basement Sitting Area	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

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.

**B. Program Description**

The applicant 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 Authority of Clinton, Eaton, and Ingham Counties (CMHACEI).

It is the intent of the applicant 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 CMHACEI, 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. Applicant and Administrator Qualifications**

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.

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. 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 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](http://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 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, 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 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 (capacity 7-12).



06/29/2021

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Derrick L. Britton  
Licensing Consultant

Date

Approved By:



06/30/2021

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Dawn N. Timm  
Area Manager

Date