



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 22, 2024

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

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

Dear Mr. Risner:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS330381571
Licensee Name:	Dansville Country Care LLC
Licensee Address:	1060 S. Jackson St. Dansville, MI 48819
Licensee Telephone #:	(517) 623-0119
Licensee/Licensee Designee:	Christopher Carl Risner
Administrator:	Christine Kay Simon
Name of Facility:	Mason Country Care
Facility Address:	776 E. Columbia Street Mason, MI 48854
Facility Telephone #:	(517) 883-5028
Original Issuance Date:	08/23/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/16/2024

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 5

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.
- 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. No Special Certification
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
No Incident Reports in the past two years.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
No Corrective Action Plans (CAPs) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



01/24/2024

Rodney Gill
Licensing Consultant

Date