

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 26, 2023

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

RE: License #: AM330407985

Country Creek 2771 Lamb Rd Mason, MI 48854

Dear Ms. Rinaldi:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9730.

Sincerely,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julie Ellers

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AM330407985

Licensee Name: Emmaus Corp.

Licensee Address: 2447 N Williamston Rd

Williamston, MI 48895

Licensee Telephone #: (517) 655-8953

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

Original Issuance Date: 06/30/2021

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

| Date | e of On-site Inspections: | 12/26/2023 | |
|------|--|---------------------------------|--|
| Date | e of Bureau of Fire Services Inspection if applicable: | 01/09/2023 | |
| Date | e of Health Authority Inspection if applicable: | 08/22/2023 | |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: | 2 8 | |
| • | Medication pass / simulated pass observed? Yes \boxtimes | No ☐ If no, explain. | |
| • | Medication(s) and medication record(s) reviewed? Ye | es 🗵 No 🗌 If no, explain. | |
| • | Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain. | | |
| • | Fire drills reviewed? Yes $oximes$ No $oximes$ If no, explain. | | |
| • | Fire safety equipment and practices observed? Yes | ⊠ No If no, explain. | |
| • | E-scores reviewed? (Special Certification Only) Yes If no, explain. not avilable for review at the time of ins Water temperatures checked? Yes ⊠ No ☐ If no, | pection. | |
| • | Incident report follow-up? Yes ⊠ No ☐ If no, expla | ain. | |
| • | Corrective action plan compliance verified? Yes ⊠ 0 N/A □ Number of excluded employees followed-up? | CAP date/s and rule/s: N/A ⊠ | |
| • | Variances? Yes ☐ (please explain) No ☐ N/A ☒ | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

R 330.1803 Facility environment; fire safety.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:
- (a) Improve the score to at least the "slow" category.
- (b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

At the time of the inspection the facility did not have e-scores available for review.

REPEAT VIOLATION See LSR dated 01/05/2022 and CAP dated 1/07/2022.

R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

(c) Place and address to which the resident moved, if known.

The facilities resident register did not contain address to which the resident moved, if known.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, 4 of the 10 resident records reviewed did not contain a written health care appraisal that has been updated annually.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(2) An evacuation plan shall, at a minimum, include a floor plan that specifies the locations of evacuation routes and the exiting route to be followed in case of fire.

A written evacuation plan showing the locations of evacuation routes and the exiting route to be followed in case of fire was not posted in either floor of the facility.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Fourth quarter 2023 fire drill records did not contain a sleeping fire drill. The fourth quarter 2022 fire drill records did not contain any fire drills.

R 400.14401 Environmental health.

(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

The trash container in the kitchen did not contain a tight-fitting lid.

R 400.14507 Means of egress generally.

(6) Occupied room door hardware shall be equipped with positive latching, non-locking-against-egress hardware.

The fire exit and second means of egress in the lower level contained locking against egress hardware.

REPEAT VIOLATION See LSR dated 01/05/2022 and CAP dated 1/07/2022.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

12/26/2023

Julie Elkins

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Date

Licensing Consultant