



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 17, 2025

Meaghan Rinaldi  
Country Creek AFC, Inc.  
2771 Lamb Rd.  
Mason, MI 48854

RE: License #: AM330411097  
**Country Creek**  
**2771 Lamb Rd.**  
**Mason, MI 48854**

Dear Ms. Rinaldi:

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 by submitting Tawney Bennette's CPR training and the e-score packet by 2/17/2025.

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) 284-9730.

Sincerely,

Julie Elkins, 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**

<b>License #:</b>	AM330411097
<b>Licensee Name:</b>	Country Creek AFC, Inc.
<b>Licensee Address:</b>	2771 Lamb Rd. Mason, MI 48854
<b>Licensee Telephone #:</b>	(517) 676-1070
<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
<b>Original Issuance Date:</b>	07/22/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 01/17/2025

Date of Bureau of Fire Services Inspection if applicable: 02/05/2024

Date of Health Authority Inspection if applicable: 08/22/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: licensee designee/admin

- 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.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? 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.

This facility was found to be in non-compliance with the following rules:

**R 330.1803**

**Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained 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 appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.**

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

**R 400.14201**

**Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

**(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:**

**(c) Cardiopulmonary resuscitation.**


Direct care worker (DCW) Tawney Bennette's Cardiopulmonary resuscitation (CPR) training was expired.

A corrective action plan was requested and approved on 01/17/2025. 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.



01/17/2025

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Julie Elkins  
Licensing Consultant

Date