



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 30, 2021

Joanna Gonyer  
5694 Gonyer Rd.  
Fife Lake, MI 49633

RE: License #: AF400385456  
**Mapleview Adult Foster Care**  
**5694 Gonyer Rd.**  
**Fife Lake, MI 49633**

Dear Ms. Gonyer:

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 and special certification 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF400385456
<b>Licensee Name:</b>	Joanna Gonyer
<b>Licensee Address:</b>	5694 Gonyer Rd. Fife Lake, MI 49633
<b>Licensee Telephone #:</b>	(231) 897-3627
<b>Name of Facility:</b>	Mapleview Adult Foster Care
<b>Facility Address:</b>	5694 Gonyer Rd. Fife Lake, MI 49633
<b>Facility Telephone #:</b>	(231) 394-0816
<b>Original Issuance Date:</b>	01/23/2017
<b>Capacity:</b>	1
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/30/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 06/22/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: ORR

- 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: CAP dated 6/27/19 Rules 405.3, 407.6 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.

On June 30, 2021, I conducted an exit conference with Licensee Joanna Gonyer. I explained my findings as noted above. Ms. Gonyer stated she understood and had no further questions pertaining to this renewal inspection.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



June 30, 2021

---

Bruce A. Messer  
Licensing Consultant

Date