



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 11, 2021

Shannon VanHouten
Maple Lake Assisted Living
677 Hazen
Paw Paw, MI 49079

RE: License #: AH800315846
Maple Lake Assisted Living
677 Hazen
Paw Paw, MI 49079

Dear Ms. VanHouten:

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 until 09/17/2022. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616)356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH800315846
Licensee Name:	Maple Lake Assisted Living, LLC
Licensee Address:	Suite 200 3196 Kraft Avenue Grand Rapids, MI 49512
Licensee Telephone #:	(616) 719-5598
Authorized Representative:	Shannon VanHouten
Administrator/Licensee Designee:	Kristen Mitchell
Name of Facility:	Maple Lake Assisted Living
Facility Address:	677 Hazen Paw Paw, MI 49079
Facility Telephone #:	(269) 657-0190
Original Issuance Date:	10/31/2012
Capacity:	64
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/11/2021

Date of Bureau of Fire Services Inspection if applicable: 3/24/2021 - A

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/11/2021

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 23

No. of others interviewed 2 Role Family member

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Julie Miranda

10/11/2021

Licensing Consultant

Date