



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 29, 2024

Emily Wieber
2307 W Maple Rapids Rd
St. Johns, MI 48879

RE: License #: AM190416597
The Maples of St. Johns
2307 W. Maple Rapids Rd
Saint Johns, MI 48879

Dear Ms. Wieber:

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. 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,

Bridget Vermeesch

Bridget Vermeesch, 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 #:	AM190416597
Licensee Name:	Emily Wieber
Licensee Address:	2307 W Maple Rapids Rd St. Johns, MI 48879
Licensee Telephone #:	(517) 526-3723
Licensee/Administrator:	Emily Wieber
Name of Facility:	The Maples of St. Johns
Facility Address:	2307 W. Maple Rapids Rd Saint Johns, MI 48879
Facility Telephone #:	(517) 526-3723
Original Issuance Date:	05/17/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/29/2024

Date of Bureau of Fire Services Inspection if applicable: 05/01/2024

Date of Health Authority Inspection if applicable: 05/13/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- 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

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

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license, capacity of 12.

Bridget Vermeesch

10/29/2024

Bridget Vermeesch
Licensing Consultant

Date