



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 25, 2023

Lindsey Schnautz  
Maple Grove AFC LLC  
17460 12 Mile Rd  
Big Rapids, MI 49307

RE: License #: AM540412752  
**Maple Grove AFC**  
**17460 12 Mile**  
**Big Rapids, MI 49307**

Dear Ms. Schnautz:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

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

**I. IDENTIFYING INFORMATION**

**License #:** AM540412752

**Licensee Name:** Maple Grove AFC LLC

**Licensee Address:** 17460 12 Mile Rd  
Big Rapids, MI 49307

**Licensee Telephone #:** (231) 220-9123

**Licensee Designee:** Lindsey Schnautz

**Administrator:** Stephen Schnautz

**Name of Facility:** Maple Grove AFC

**Facility Address:** 17460 12 Mile  
Big Rapids, MI 49307

**Facility Telephone #:** (231) 220-9123

**Original Issuance Date:** 11/28/2022

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2023

Date of Bureau of Fire Services Inspection if applicable: 02/21/2023

Date of Health Authority Inspection if applicable: 10/20/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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

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

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home capacity of 12.

*Bridget Vermeesch*

04/25/2023

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Bridget Vermeesch  
Licensing Consultant

Date