



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 17, 2025

Aaron Graham  
Maitland Manor LLC  
12237 Marshall Rd  
Montrose, MI 48457

RE: License #:	AS250410918 <b>Maitland Manor LLC</b> <b>12237 Marshall Rd</b> <b>Montrose, MI 48457</b>
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Dear Aaron Graham:

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 are 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) 643-7960.

Sincerely,

Martin Gonzales, 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>	<b>License #:</b>	AS250410918
<b>Licensee Name:</b>	Maitland Manor LLC	
<b>Licensee Address:</b>	12237 Marshall Rd Montrose, MI 48457	
<b>Licensee Telephone #:</b>	(810) 639-6386	
<b>Licensee/Licensee Designee:</b>	Aaron Graham	
<b>Administrator:</b>	Aaron Graham	
<b>Name of Facility:</b>	Maitland Manor LLC	
<b>Facility Address:</b>	12237 Marshall Rd Montrose, MI 48457	
<b>Facility Telephone #:</b>	(810) 639-6386	
<b>Original Issuance Date:</b>	09/26/2022	
<b>Capacity:</b>	6	
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED	
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL	

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

03/12/2025, 03/12/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed

3

No. of residents interviewed and/or observed

6

No. of others interviewed

0

Role:

- 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? 0 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.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 1-6).



03/17/2025

Martin Gonzales Licensing Consultant 517-388-8753	Date
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