



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 11, 2025

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. The regular license and special certification is valid only at your present address and is nontransferable.

Upon receipt of an approved Bureau of Fire Services (BFS) inspection a regular license and special certification will be issued.

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 black ink that reads 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

**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:	Lindsey Schnautz
Name of Facility:	Maple Grove AFC
Facility Address:	17460 12 Mile Big Rapids, MI 49307
Facility Telephone #:	(616) 350-7865
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): 04/09/2025

Date of Bureau of Fire Services Inspection if applicable: **2/11/2025- C rating, reinspected on 3/18/2025 and corrections are pending. Waiting on full BFS approval.**

Date of Health Authority Inspection if applicable: 01/27/2025

No. of staff interviewed and/or observed 2

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. There were no resident funds on-site.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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.

IV. RECOMMENDATION

Upon receipt of an approved Bureau of Fire Services inspection, I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 12).



Jennifer Browning
Licensing Consultant

04/11/2025

Date