



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 19, 2025

Joseph Liestenfeltz
Maple Ridge Living Center of Cadillac LLC
9072 S. Mackiknaw Trail
Cadillac, MI 49601

RE: License #: AL830395316
Maple Ridge Living Center Cadillac
9072 S. Mackinaw Trail
Cadillac, MI 49601

Dear Mr. Liestenfeltz:

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 (616) 356-0100.

Sincerely,

A handwritten signature in purple ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #:	AL830395316
Licensee Name:	Maple Ridge Living Center of Cadillac LLC
Licensee Address:	9072 S. Mackinaw Trail Cadillac, MI 49601
Licensee Telephone #:	(231) 775-3710
Licensee Designee:	Joseph Liestenfeltz
Administrator:	Joseph Liestenfeltz
Name of Facility:	Maple Ridge Living Center Cadillac
Facility Address:	9072 S. Mackinaw Trail Cadillac, MI 49601
Facility Telephone #:	(231) 434-9752
Original Issuance Date:	07/01/2019
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2025

Date of Bureau of Fire Services Inspection if applicable: 12/04/2025

Date of Health Authority Inspection if applicable: 09/09/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 0 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 to this AFC adult large group home (capacity 13-20).

Rhonda Richards

12/19/2025

Rhonda Richards
Licensing Consultant

Date