



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2026

Julie Richards
Maplecrest Care LLC
30271 5 Mile Rd
Livonia, MI 48154

RE: License #: AS820416422
MapleCrest Care
30271 5 Mile Rd
Livonia, MI 48154

Dear Julie Richards:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820416422
Licensee Name:	Maplecrest Care LLC
Licensee Address:	30271 5 Mile Rd Livonia, MI 48154
Licensee Telephone #:	(734) 744-4688
Licensee/Licensee Designee:	Julie Richards, Designee
Administrator:	
Name of Facility:	MapleCrest Care
Facility Address:	30271 5 Mile Rd Livonia, MI 48154
Facility Telephone #:	(734) 744-4688
Original Issuance Date:	12/20/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: licensee designee

- 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.
Meal preparation/service was not observed. Meal served prior to inspection.
- 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:
CAP Dated 06/06/2024 R 400.14306 (3) 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 found to be in non-compliance with the following rules:

R 400.627

Licensee and administrator training requirements.

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

At the time of inspection, Julie Richards did not participate in, and successfully complete, 16 hours of training and/or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

R 400.629

Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

(a) Reporting requirements.

(b) First aid.

(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

(d) Personal care, supervision, and protection.

(e) Resident rights.

(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases including recognizing signs of illness.

(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.

(i) Nutrition and special diets.

At the time of inspection, direct care staff Saleemah Patterson and Seline Harris employee file did not contain verification of training or competency in first aid or cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training before performing assigned tasks in the home independently.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection:

Resident A's resident file did not contain an annual 2025 written assessment plan.
Resident B's resident file did not contain an annual 2026 written assessment plan.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

At the time of inspection:

Resident A's resident file did not contain an annual 2025 written resident care agreement.
Resident B's resident file did not contain an annual 2026 written resident care agreement.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



06/05/2026

Denasha Walker
Licensing Consultant

Date