



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 26, 2022

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

RE: Application #: AS250410918  
Maitland Manor LLC  
12237 Marshall Rd  
Montrose, MI 48457

Dear Mr. Graham:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250410918
<b>Applicant Name:</b>	Maitland Manor LLC
<b>Applicant Address:</b>	12237 Marshall Rd Montrose, MI 48457
<b>Applicant Telephone #:</b>	(810) 252-3390
<b>Administrator/Licensee Designee:</b>	Aaron Graham, Designee
<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>Application Date:</b>	11/15/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

09/29/2021	Inspection Completed-Env. Health: A Inspection from previous license
11/15/2021	Enrollment Online app download failure
11/17/2021	Application Incomplete Letter Sent 1326 & RI030 for Aaron
11/17/2021	Contact - Document Sent 1326 & RI030
11/17/2021	Lic. Unit file referred for background check review IChat hit for Aaron. Referred to KGarza for review
11/17/2021	Inspection Report Requested - Health Invoice No: 1032173
01/20/2022	File Transferred to Field Office Flint via SharePoint
03/07/2022	Application Incomplete Letter Sent
04/07/2022	Contact - Telephone call received With Aaron Graham re: Documentation required.
04/12/2022	Contact - Document Received Fax from Aaron Graham re: Application documents
06/28/2022	Contact - Document Sent Email to Aaron Graham re: review of documents submitted, and additional items required
06/29/2022	Contact - Document Received Email from Aaron Graham re: qualifications of administrator
07/05/2022	Contact - Document Sent Email to Aaron Graham re: AFC Licensing Information Request to name him as Administrator
07/15/2022	Contact - Document Received Fax from Aaron Graham re: Additional documents
08/29/2022	Contact - Document Received Email from Aaron Graham re: status of application and scheduling inspection

08/31/2022	Application Complete/On-site Needed
09/15/2022	Inspection Completed On-site
09/19/2022	SC-Application Received - Original
09/21/2022	Inspection Completed-BCAL Full Compliance
09/21/2022	SC-ORR Response Received-Approval
09/23/2022	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Maitland Manor is a single-level ranch style structure in a rural setting with a partially finished basement that will not be accessible to residents. The main floor of the facility consists of three double occupancy resident bedrooms, a living room, dining room, and one full bathroom. The facility is not wheelchair accessible. The driveway has adequate parking for staff and visitors. The facility utilizes a private water and private sewer system. The facility, which was previously licensed as a specialized family home since 06/01/1995, had an environmental inspection was conducted on 09/29/2021 which determined to be in compliance.

Tonia Maitland, the previous licensee, continues to own and reside in the facility as a member of household with a separate living/sleeping area in the south portion of the house. Tonia Maitland provided documentation of ownership, medical clearance requests with statements from a physician documenting her good health, and a current TB-test with negative results. Maitland Manor LLC has a lease agreement with Tonia Maitland to operate this Adult Foster Care home.

The furnace and hot water heater are in the basement, which is behind a one-hour protected enclosure with a 1 ¾ inch solid core door equipped with an automatic, self-closing device. The furnace was inspected on 05/16/2022 and found to be fully functioning. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection on 09/15/2022, and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'3" x 13'13"	147.72 sq ft	2
2	9'7" x 13'6"	131.83 sq ft	2
3	9'7 x 13'7"	132.77 sq ft	2

The indoor living and dining areas measure a total of 309.07 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicant, Maitland Manor LLC, submitted a copy of the required documentation. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** female and/or male adults, 18 years of age and older, whose diagnosis is developmentally disabled, mentally impaired, and/or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs. This home has special certification to provide services to the mentally ill and developmentally disabled.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

Maitland Manor LLC will ensure that the resident's transportation and medical needs are met. Maitland Manor LLC has transportation available for residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

On 12/08/2021, Maitland Manor LLC applied to provide foster care services to six adults at 12237 Marshall Road, Montrose, Michigan 48457, Township of Montrose.

The applicant, Maitland Manor LLC, which is a “Michigan Domestic Limited Liability Company,” was established in Michigan, on 04/16/2021. The applicant submitted a letter of intent to contract with Genesee Health System and continue services for current Genesee Health System residents from the previous licensee.

Maitland Manor LLC submitted a written statement naming Aaron Graham as the licensee designee and facility administrator. Aaron Graham submitted licensing record clearance requests that were completed. He also submitted medical clearance requests with statements from a physician documenting his good health and current TB-test with negative results. Aaron Graham has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1 to 6 resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator,

and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to

achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification (developmentally disabled and mentally ill to this AFC adult small group home (capacity 1-6).



09/26/2022

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Derrick Britton  
Licensing Consultant

Date

Approved By:



09/26/2022

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Mary E. Holton  
Area Manager

Date