

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 5, 2023

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

RE: License #: AS250410918

Maitland Manor LLC 12237 Marshall Rd Montrose, MI 48457

Dear Mr. Graham:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of an acceptable environmental inspection report. Upon receipt of an acceptable inspection report, a regular license 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) 643-7960.

Sincerely,

Derrick Britton, Licensing Consultant Bureau of Community and Health Systems

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611 W. Ottawa Street P.O. Box 30664

Lansing, MI 48909 (517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AS250410918

Licensee Name: Maitland Manor LLC

Licensee Address: 12237 Marshall Rd

Montrose, MI 48457

Licensee Telephone #: (810) 639-6386

Licensee/Licensee Designee: Aaron Graham

Administrator: Aaron Graham

Name of Facility: Maitland Manor LLC

Facility Address: 12237 Marshall Rd

Montrose, MI 48457

Facility Telephone #: (810) 639-6386

Original Issuance Date: 09/26/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/16/2023
Date of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: Awaiting Inspection
No. of staff interviewed and/or observed 2 No. of residents interviewed and/or observed 5 No. of others interviewed 1 Role: Administrator
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. Inspection did not occur during meal preparation/service. 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 found to be in non-compliance with the following rules:

R 400.14401 Environmental health.

(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community approved water system need not be in compliance with this requirement.

The facility requires an approved environmental health inspection.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable environmental health inspection, renewal of the license is recommended.

Derrick Britton Date Licensing Consultant