



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 22, 2024

Joseph Liestenfeltz
Maple Ridge Living Center LLC
2575 W Houghton Lake Rd
Lake City, MI 49651

RE: License #: AL830415686
Maple Ridge Living Center
5191 N. 41 1/2 Rd
Manton, MI 49663

Dear Joseph 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) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AL830415686
Licensee Name:	Maple Ridge Living Center LLC
Licensee Address:	2575 W Houghton Lake Rd Lake City, MI 49651
Licensee Telephone #:	(269) 229-4416
Licensee Designee:	Joseph Liestenfeltz
Administrator:	Joseph Liestenfeltz
Name of Facility:	Maple Ridge Living Center
Facility Address:	5191 N. 41 1/2 Rd Manton, MI 49663
Facility Telephone #:	(231) 434-9752
Original Issuance Date:	03/12/2024
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/21/2024

Date of Bureau of Fire Services Inspection if applicable: 02/13/2024

Date of Health Authority Inspection if applicable: 02/13/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 7

No. of others interviewed 0 Role:

- 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.

On August 21, 2024, I conducted an exit conference with Licensee Designee Joseph Liestenfeltz. I explained my findings to Mr. Liestenfeltz as noted above. He stated that he understood the findings and that he had no further information to provide, or questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



August 22, 2024

Bruce A. Messer
Licensing Consultant

Date