



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 25, 2023

Lindsey Schnautz
Maple Grove AFC LLC
17460 12 Mile Rd
Big Rapids, MI 49307

RE: License #: AM540412752
Maple Grove AFC
17460 12 Mile
Big Rapids, MI 49307

Dear Ms. Schnautz:

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 and special certification 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

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

I. IDENTIFYING INFORMATION

License #:	AM540412752
Licensee Name:	Maple Grove AFC LLC
Licensee Address:	17460 12 Mile Rd Big Rapids, MI 49307
Licensee Telephone #:	(231) 220-9123
Licensee Designee:	Lindsey Schnautz
Administrator:	Stephen Schnautz
Name of Facility:	Maple Grove AFC
Facility Address:	17460 12 Mile Big Rapids, MI 49307
Facility Telephone #:	(231) 220-9123
Original Issuance Date:	11/28/2022
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2023

Date of Bureau of Fire Services Inspection if applicable: 02/21/2023

Date of Health Authority Inspection if applicable: 10/20/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 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.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home capacity of 12.

Bridget Vermeesch

04/25/2023

Bridget Vermeesch
Licensing Consultant

Date