



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 15, 2025

Jamie Osburn
Maple Ridge Farms Assisted Living, LLC
7591 Bilby Rd
Jerome, MI 49249

RE: License #: AL300352081
Maple Ridge Farms Assisted Living
14831 Beecher Road
Hudson, MI 49247

Dear Jamie Osburn:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license is renewed. The regular license is valid only at your present address and is nontransferable.

Please contact me with any questions. If 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 black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AL300352081 |
| Licensee Name: | Maple Ridge Farms Assisted Living, LLC |
| Licensee Address: | 14831 Beecher Road Hudson, MI 49247 |
| Licensee Telephone #: | (517) 740-6688 |
| Licensee Designee: | Jamie Osburn |
| Administrator: | George Osburn Jr. |
| Name of Facility: | Maple Ridge Farms Assisted Living |
| Facility Address: | 14831 Beecher Road Hudson, MI 49247 |
| Facility Telephone #: | (517) 740-6688 |
| Original Issuance Date: | 05/05/2014 |
| Capacity: | 15 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/15/25

Date of Bureau of Fire Services Inspection if applicable: 11/8/24 A-Rating

Date of Health Authority Inspection if applicable: 10/7/24 A-Rating

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

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

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



1/15/25

Dwight Forde
Licensing Consultant

Date