



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 5, 2025

Shannon Reiff
Maple View Assisted Living, Inc.
4396 S. Luce Road
Ithaca, MI 48847

RE: License #: AM290361746
Maple View Retirement Community I
4396 S. Luce Road
Ithaca, MI 48847

Dear Mr. Reiff:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM290361746
Licensee Name:	Maple View Assisted Living, Inc.
Licensee Address:	4396 S. Luce Road Ithaca, MI 48847
Licensee Telephone #:	(989) 875-3259
Licensee/Licensee Designee:	Shannon Reiff, Designee
Administrator:	Shannon Reiff
Name of Facility:	Maple View Retirement Community I
Facility Address:	4396 S. Luce Road Ithaca, MI 48847
Facility Telephone #:	(989) 875-3259
Original Issuance Date:	09/02/2014
Capacity:	12
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/30/2025

Date of Bureau of Fire Services Inspection if applicable: 05/09/2024

Date of Health Authority Inspection if applicable: 10/22/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

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 ☐
410(5)

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 to this AFC adult medium group home (capacity 7-12).



02/05/2025

Amanda Blasius
Licensing Consultant

Date