



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 18, 2025

Angela Kimball  
Red Maple Place 1 LLC  
6521 Red Maple Ln  
Bloomfield Hills, MI 48301

RE: License #: AS630401786  
**Red Maple Place 1 LLC**  
**6521 Red Maple Ln**  
**Bloomfield Hills, MI 48031**

Dear Mrs. Kimball:

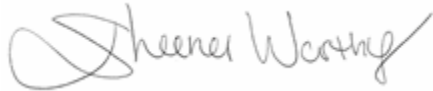
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy". The signature is written in a light gray color.

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630401786
<b>Licensee Name:</b>	Red Maple Place 1 LLC
<b>Licensee Address:</b>	6521 Red Maple Ln Bloomfield Hills, MI 48301
<b>Licensee Telephone #:</b>	(248) 792-7400
<b>Licensee/Licensee Designee:</b>	Angela Kimball
<b>Administrator:</b>	Angela Kimball
<b>Name of Facility:</b>	Red Maple Place 1 LLC
<b>Facility Address:</b>	6521 Red Maple Ln Bloomfield Hills, MI 48031
<b>Facility Telephone #:</b>	(248) 678-1713
<b>Original Issuance Date:</b>	01/07/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/17/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

1

No. of residents interviewed and/or observed

1

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.  
It was not meal time during the onsite.
- 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:  
LSR CAP Approved 07/05/23; 301(6)(b), 301(9), 310(3), 301(10), 316(1),  
312(4)(c), 315(3), 203(1), 306(3), 318(5), 301(4), 205(2), 312(2), 312(4)(b),  
312(7) 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:

**MCL 400.713** License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.

Staff member Herbert Micou was hired on 01/24/24 however; a workforce background clearance eligibility letter was not in his file.

**R 400.14203** Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following

**educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

The licensee designee Angela Kimball did not complete 16 hours of annual trainings for 2024.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 06/30/23; CAP approved 07/05/23**

**R 400.14205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Staff member Herbert Micou was hired on 01/24/24 however; an initial physical was not in his file.

**R 400.14207      Required personnel policies.**

(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

Staff member Herbert Micou did not have a signed copy of his job description in his file.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The licensee designee Angela Kimball did not sign and date Resident A's assessment plan for 2024.

**REPEAT VIOLATION ESTABLISHED**

Reference LSR 06/30/23; CAP approved 07/05/23

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

An annual resident care agreement for 2024 was not completed for Resident B.

**REPEAT VIOLATION ESTABLISHED**

Reference LSR 06/30/23 CAP approved 07/05/23

**R 400.14306      Use of assistive devices.**

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

There were several shower chairs observed in the basement that did not belong to any of the current residents.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 06/30/23; CAP approved 07/05/23**

**R 400.14310          Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

A weight record for Resident A was not available for review during the onsite. Resident B's weight record did not have any weights documented from October through December 2024.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 06/30/23; CAP approved 07/05/23**

**R 400.14312          Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident B is prescribed Tylenol as a PRN and Tramadol 50mg as a PRN. Neither of these medications were available in the home.

Resident B is prescribed Tegretol 20mg two tablets three times a day. I observed one pill in the afternoon bubble packet for 06/16/25.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 06/30/23; CAP approved 07/05/23**

**R 400.14313          Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

Staff member Lashawn Avery admitted that she did not serve the breakfast that was listed on the menu for today nor did she write in a substitution. Furthermore, the menu was not written at least one week in advance.



**R 400.14315                      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A funds part I was not dated by the licensee designee Angela Kimball. Moreover, the AFC payment checkbox was not checked in section B for Resident A or Resident B.

Resident A funds part II was not completed correctly as the monthly transactions were different each month and it did not coincide with the monthly rate listed on the resident care agreement; which was \$37,200. The licensee designee Angela Kimball did not sign Resident A funds part II for each monthly transaction.

**REPEAT VIOLATION ESTABLISHED**

**Reference LSR 06/30/23 CAP approved 07/05/23**

**R 400.14316                      Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

- (a) Identifying information, including, at a minimum, all of the following:
  - (viii) Funeral provisions and preferences.

Resident A did not have any burial provisions documented on his identification record.

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

An evening fire drill was not completed during the second quarter in 2024. A sleeping fire drill was not completed during the fourth quarter in 2024.

**REPEAT VIOLATION ESTABLISHED**

Reference LSR 06/30/23; CAP approved 07/05/23

**R 400.14403 Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The rail connected to the wheelchair ramp leading to the living room is loose and unstable. One of the windows in the dining area is broken and needs to be repaired.

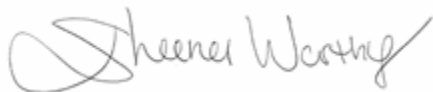
**R 400.14403 Maintenance of premises.**

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

The pipes near the water heater and the furnace in the basement is leaking.

**IV. RECOMMENDATION**

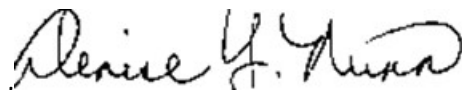
Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



06/17/25  
Date

Licensing Consultant

Approved by:



06/18/2025

Denise Y. Nunn  
Area Manager

Date