



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 1, 2025

Herbert Stone  
Twin Maples Inc.  
158 Robinson Road  
Jackson, MI 49203

RE: License #: AS380319648  
**Twin Maples Care Facility**  
**158 1/2 Robinson Road**  
**Jackson, MI 49203**

Dear Herbert Stone:

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 designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive style with a large initial 'M'.

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

**License#:** AS380319648

**Licensee Name:** Twin Maples Inc.

**Licensee Address:** 158 Robinson Road  
Jackson, MI 49203

**Licensee Telephone #:** (517) 262-5175

**Licensee/Licensee Designee:** Herbert Stone

**Administrator:** Herbert Stone

**Name of Facility:** Twin Maples Care Facility

**Facility Address:** 158 1/2 Robinson Road  
Jackson, MI 49203

**Facility Telephone #:** (517) 750-2968

**Original Issuance Date:** 04/15/2013

**Capacity:** 2

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/01/2025

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 0  
No. of others interviewed 0 Role: [REDACTED]

- 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.  
The on-site inspection was not concurrent with the mealtimes.
- 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.  
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 330.1803 (6) 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:

**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.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

- TB testing was completed for Employee #1 on 8/19/2021 and the subsequent testing was completed on 4/6/2025. The subsequent TB testing was not completed every three years, as required.

**R 400.14403**      **Maintenance of premises.**

**(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.**

- There were no handrails installed in the shower and bath area.

**R 400.14507**      **Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

- The door that formed a part of the 2<sup>nd</sup> required means of egress was equipped with locking-against egress hardware.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and the special certification are recommended.

*Mahtina Rubritius*

10/01/2025

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Mahtina Rubritius  
Licensing Consultant

Date