



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 9, 2025

Maritza Wolf  
6555 College Ave  
Grand Rapids, MI 49548

RE: License #: AF410419133  
Maritza's Home  
6555 College Ave  
Grand Rapids, MI 49548

Dear Ms. Wolf:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 in 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 (616) 356-0100.

Sincerely,

*Megan Aukerman, LMSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

**License #:** AF410419133

**Licensee Name:** Maritza Wolf

**Licensee Address:** 6555 College Ave  
GRAND RAPIDS, MI 49548

**Licensee Telephone #:** (616) 855-0961

**Licensee/Licensee Designee:** Maritza Wolf

**Administrator:** Maritza Wolf

**Name of Facility:** Maritza's Home

**Facility Address:** 6555 College Ave  
GRAND RAPIDS, MI 49548

**Facility Telephone #:** (616) 855-0961

**Original Issuance Date:** 06/10/2025

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/21/2025

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 [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There are no residents in care.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
There are no residents in care.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. There are no residents in care.
- Meal preparation / service observed? Yes  No  If no, explain.  
There are no residents in care.
- 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. There are no residents in care.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
There are no residents in care.
- 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 found to be in non-compliance with the following rules:

**MCL 400.717      Provisional license**

**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

**Finding:** The facility was issued a temporary license on 06/10/2025. Since the original issuance, there have not been any residents admitted into the facility, therefore I was unable to determine compliance with quality of care.

**Exit Conference:** Licensee Maritza Wolf was informed that a provisional licensee would be issued on 12/09/2025. Maritza Wolf stated that she understood the reasons for a provisional license and plans on contacting outside agencies for placement. Maritza Wolf stated that he accepted the issuance of a Provisional License.

A corrective action plan was requested and approved on 12/09/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

Issuance of a provisional license is recommended.

*Megan Aukerman, LMSW*

12/09/2025

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Megan Aukerman  
Licensing Consultant

Date