



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2026

Susan Barnosky
Laurel Health Care Co Of Wayland
8181 Worthington Rd
Westerville, OH 43082

RE: License #: AL030068008
Maplewood of Sandy Creek
425 East Elm Street
Wayland, MI 49348

Dear Ms. Barnosky:

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 (616) 356-0100.

Sincerely,
Megan Leavitt, LMSW

Megan Leavitt, 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 #:	AL030068008
Licensee Name:	Laurel Health Care Co Of Wayland
Licensee Address:	8181 Worthington Rd Westerville, OH 43082
Licensee Telephone #:	(269) 792-2249
Licensee/Licensee Designee:	Susan Barnosky
Administrator:	Susan Barnosky
Name of Facility:	Maplewood of Sandy Creek
Facility Address:	425 East Elm Street Wayland, MI 49348
Facility Telephone #:	(269) 792-2249
Original Issuance Date:	06/11/1996
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2026

Date of Bureau of Fire Services Inspection if applicable: 02/23/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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.
- 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

On 03/25/2026, an onsite inspection was completed at the facility. An exit conference was conducted and the facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20). I recommend issuance of a 2 year regular adult foster care license.

Megan Leavitt, LMSW

03/26/2026

Megan Leavitt
Licensing Consultant

Date