



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2026

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

RE: License #: AM290405150
Maple View Retirement Community II
4406 S. Luce Rd.
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) 335-5985.

Sincerely,

A handwritten signature in black 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 #: AM290405150

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

Administrator: Shannon Reiff

Name of Facility: Maple View Retirement Community II

Facility Address: 4406 S. Luce Rd.
Ithaca, MI 48847

Facility Telephone #: (989) 875-3259

Original Issuance Date: 11/22/2021

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2026

Date of Bureau of Fire Services Inspection if applicable: 04/23/2026

Date of Health Authority Inspection if applicable: 02/04/2026

No. of staff interviewed and/or observed [redacted]
No. of residents interviewed and/or observed [redacted]
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. No funds kept on file.
- 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
as410(1) as410(5)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



05/14/2026

Amanda Blasius
Licensing Consultant

Date