



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 12, 2021

Jill Lebourdais  
North Shores Center LLC  
4424 Winterwood Drive  
Saginaw, MI 48603

RE: License #: AS350396925  
**North Shores Center**  
**6193 Norway Drive**  
**Oscoda, MI 48750**

Dear Ms. Lebourdais:

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:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste 3  
Gaylord, MI 49735  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS350396925
<b>Licensee Name:</b>	North Shores Center LLC
<b>Licensee Address:</b>	4424 Winterwood Drive Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 493-1451
<b>Licensee/Licensee Designee:</b>	Jill Lebourdais, Designee
<b>Administrator:</b>	Celeste Sinsabaugh
<b>Name of Facility:</b>	North Shores Center
<b>Facility Address:</b>	6193 Norway Drive Oscoda, MI 48750
<b>Facility Telephone #:</b>	(989) 569-3772
<b>Original Issuance Date:</b>	01/16/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/08/2021

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

Date of Health Authority Inspection if applicable: 5/26/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

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

This facility was found to be in non-compliance with the following rules:

**R 400.14507            Means of egress generally.**

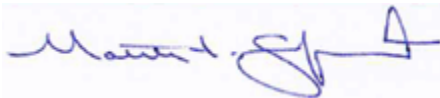
**(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.**

**Rear patio door did not have non-locking-against-egress hardware.**

On 7/8/2021 I conducted an exit conference with the administrator Celeste Sinsabaugh. Ms. Sinsabaugh concurred with the findings of the inspection. A corrective action plan was requested and approved on 07/08/2021. 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 and special certification.

### IV. RECOMMENDATION

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



7/12/2021

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Matthew Soderquist  
Licensing Consultant

Date