



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 17, 2022

Timothy Adams
Lakeshore Care Corp.
7280 Belding Rd. NE
Rockford, MI 49341

RE: License #:	AM610080832 Cedar Creek Personal Care 2 8842 Cedar Creek Drive Holton, MI 49425
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Dear Mr. Adams:

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 and a regular license will be issued. To verify your implementation and compliance with this corrective action plan:

- You submitted an acceptable Statement of Correction.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AM610080832
Licensee Name:	Lakeshore Care Corp.
Licensee Address:	7280 Belding Rd. NE Rockford, MI 49341
Licensee Telephone #:	(616) 813-5471
Licensee/Licensee Designee:	Timothy Adams, Designee
Administrator:	Timothy Adams, Administrator
Name of Facility:	Cedar Creek Personal Care 2
Facility Address:	8842 Cedar Creek Drive Holton, MI 49425
Facility Telephone #:	(616) 821-0281
Original Issuance Date:	05/21/1998
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/16/2022

Date of Bureau of Fire Services Inspection if applicable: 03/03/2022 & 04/12/2022

Date of Health Authority Inspection if applicable: 02/16/2022

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 11
No. of others interviewed 1 Role: S. Patterson, Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the renewal inspection, resident medications were not being administered.
- 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. The facility did not have completed E Scores for department review.
- 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 330.1803	Facility environment; fire safety.
	(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.
Finding: E Scores are not completed.	
Response: Sheila Patterson stated she will complete E Scores immediately.	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
Finding: Bathroom fans in resident rooms #2 and #5 need cleaning. Toilet paper holders in room #4 and #5 are broken. Toilet in room #5 leaks. Window blinds in room #9 are broken.	
Response: Ms. Patterson stated as soon as possible, the fans in rooms #2 & #5 will be cleaned, the toilet paper holders in rooms #4 & #5 will be fixed, the toilet in room #5 will be repaired or replaced and the window blinds in room #9 will be replaced.	
A corrective action plan was requested and approved on 06/16/2022. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.



06/17/2022

Elizabeth Elliott
Licensing Consultant

Date