



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 6, 2022

Robert McDaniel  
Lakeshore Caring Corp.  
4851 Lakeshore, Bldg A  
Fort Gratiot, MI 48059

RE: License #: AL740007429  
**Lakeshore Woods**  
**4851 Lakeshore Road**  
**Fort Gratiot, MI 48059**

Dear Mr. McDaniel:

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 documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL740007429
<b>Licensee Name:</b>	Lakeshore Caring Corp.
<b>Licensee Address:</b>	4851 Lakeshore, Bldg A Fort Gratiot, MI 48059
<b>Licensee Telephone #:</b>	(810) 385-3185
<b>Licensee/Licensee Designee:</b>	Robert McDaniel
<b>Administrator:</b>	Robert McDaniel
<b>Name of Facility:</b>	Lakeshore Woods
<b>Facility Address:</b>	4851 Lakeshore Road Fort Gratiot, MI 48059
<b>Facility Telephone #:</b>	(810) 385-3185
<b>Original Issuance Date:</b>	03/30/1992
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2022

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

Date of Health Authority Inspection if applicable: N/A

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 14  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with Licensee Designee.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
CAP Date 03/05/2020- AL103(5), AL204(3)(d), AL205(5), AL306(2)(3), AL312(4),  
AL313(5), AL315(3)(6), AL318(5), AL401(1)(11) 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:

<b>R 400.15205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</b>

Staff, Charlotte Clark and Danielle Jenkins, did not have current annual health reviews in employee files.

<b>R 400.15401</b>	<b>Environmental health.</b>
	<b>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</b>

During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 125.4 degrees Fahrenheit. On 05/05/2022, the water temperature was remeasured, and temperature was within acceptable range.

A corrective action plan was requested and approved on 05/05/2022. 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.

*Kristine Cilluffo*

05/06/2022

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Kristine Cilluffo  
Licensing Consultant

Date