



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 2, 2023

Jennifer Muszall  
Lakeshore Caring Corp.  
4851 Lakeshore, Bldg A  
Fort Gratiot, MI 48059

RE: License #: AH740400533  
**Lakeshore Woods**  
**4851 Lakeshore Road**  
**Ft. Gratiot, MI 48059**

Dear Ms. Muszall:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street, P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH740400533
<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>Authorized Representative/Administrator:</b>	Jennifer Muszall
<b>Name of Facility:</b>	Lakeshore Woods
<b>Facility Address:</b>	4851 Lakeshore Road Ft. Gratiot, MI 48059
<b>Facility Telephone #:</b>	(269) 624-4841
<b>Original Issuance Date:</b>	12/16/2020
<b>Capacity:</b>	64
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/1/2023

Date of Bureau of Fire Services Inspection if applicable: 1/17/2023

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 1/17/2023

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 29  
No. of others interviewed 2 Role Resident's family members

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(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.  
Interviewed staff on the policy and procedures
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 325.1921            Governing bodies, administrators, and supervisors.**

**(1) The owner, operator, and governing body of a home shall do all of the following:**

**(b) Assure the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**

The owner, operator, governing body did not assure that the home maintains an organized program to provide protection, supervision, assistance, and supervised personal care for its residents, as evidenced by the following:

At the time of the on-site inspection, it was observed that one resident had bedrails attached to their bedframes. The residents' service plans lacked any specific information about the use of the devices, nor is there any specific staff training for the use of assistive devices on or about the bed.

Upon inspection, it was discovered that the distance between the slats (horizontal vertical supports between the perimeter of the bed rail) is large enough for a hand/foot or limb to fit through and cause possible entangling/entrapment. The facility had no manufacturers' guidelines for proper installation and use of the bed devices in the residents' records.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Brenden D. Howard*

8/2/2023

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Licensing Consultant

Date