



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 15, 2023

Brant Wilson
The Lighthouse, Inc.
PO Box 289
Caro, MI 48723

RE: License #: AM790273025
Shepherds Crossing
1860 Hope Dr
Caro, MI 48723

Dear Brant Wilson:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa St.
PO Box 30664
Lansing, MI. 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AM790273025

Licensee Name: The Lighthouse, Inc.

Licensee Address: 1655 East Caro Road
Caro, MI 48723

Licensee Telephone #: (989) 673-2500

Licensee/Licensee Designee: Dorothea Wilson

Administrator: Tristan Schramke

Name of Facility: Shepherds Crossing

Facility Address: 1860 Hope Dr
Caro, MI 48723

Facility Telephone #: (989) 673-3261

Original Issuance Date: 06/07/2005

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/15/2023

Date of Bureau of Fire Services Inspection if applicable: 03/27/2023

Date of Health Authority Inspection if applicable: 10/09/2023

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 8

No. of others interviewed 0 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

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.

Christopher A. Holvey

12/15/2023

Christopher Holvey
Licensing Consultant

Date