



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 4, 2025

Angela Ybarra
Lakeshore Caring Corp.
4851 Lakeshore, Bldg. A
Fort Gratiot, MI 48059

RE: License #: AL740007429
Investigation #: 2025A0580049
Lakeshore Woods

Dear Angela Ybarra:

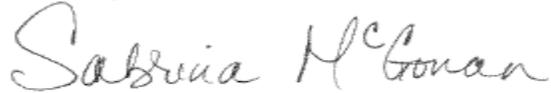
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL740007429
Investigation #:	2025A0580049
Complaint Receipt Date:	09/11/2025
Investigation Initiation Date:	09/16/2025
Report Due Date:	11/10/2025
Licensee Name:	Lakeshore Caring Corp.
LicenseeAddress:	4851 Lakeshore, Bldg. A Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-3185
Administrator:	Appointed, Angela Ybarra
Licensee Designee:	Appointed, Angela Ybarra
Name of Facility:	Lakeshore Woods
Facility Address:	4851 Lakeshore Road Fort Gratiot, MI 48059
Facility Telephone #:	(810) 385-3185
Original Issuance Date:	03/30/1992
License Status:	REGULAR
Effective Date:	02/18/2024
Expiration Date:	02/17/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
There is not proper training for staff.	No
The facility is short-staffed.	Yes
Residents are by themselves, not being changed for long periods of time.	No
A large bag of medication has not been disposed.	Yes
Additional Findings	Yes

III. METHODOLOGY

09/11/2025	Special Investigation Intake 2025A0580049
09/16/2025	APS Referral Referred to APS.
09/16/2025	Special Investigation Initiated - Letter Allegations shared with APS.
09/25/2025	Inspection Completed On-site Unannounced onsite.
09/25/2025	Contact - Face to Face Interview with Resident A.
09/25/2025	Contact - Face to Face Interview with Resident B.
09/25/2025	Contact - Face to Face Interview with staff, Syrina Wisner.
09/25/2025	Contact - Face to Face Interview with staff, Stacey Graham.
10/07/2025	Contact - Document Received Documents requested were received.
10/27/2025	Contact - Document Received Documents requested were received.
10/27/2025	Contact - Telephone call made Call to Relative A.

10/29/2025	Contact - Telephone call made Call to Direct Staff, Andrea Laprl.
10/29/2025	Contact - Telephone call made Call to Direct Staff, Prescott Palm.
10/29/2025	Contact - Telephone call made Call to Direct Staff, Janessa Simpson.
11/03/2025	Contact - Telephone call made Call to Relative B.
11/03/2025	Contact - Telephone call made Call to Relative C.
11/03/2025	Contact - Telephone call made Call to Relative A.
11/04/2025	Contact – Documents Received Copies of training verifications received.
11/04/2025	Contact - Telephone call made Call to Director Angela Ybarra.
11/04/2025	Exit Conference Exit with Appointed Licensee Designee, Angela Ybarra.

ALLEGATION:

There is not proper training for staff.

INVESTIGATION:

On 09/11/2025, I received a complaint via LARA-BCHS-Complaints.

On 09/16/2025, I made a referral to Adult Protective Services (APS) sharing the allegations alleged in this complaint.

On 09/25/2025, I conducted an unannounced onsite inspection at Lakeshore Woods I. Contact was made with both Director, Angela Ybarra and staff, Ashley Callahan regarding the allegations. Both denied the allegations that staff are not trained, stating that staff receive Hipa, Residents Rights, Bloodborne Pathogens, Fire Safety and Med Tech training, etc., upon being hired and prior to working with the residents.

On 09/25/2025, while onsite, I interviewed Direct Staff, Syrina Wisner, an employee of 1 ½ years. Staff Wisner denied the allegations. Staff Wisner stated that she received training when she began employment. Staff Wisner stated that staff also received monthly refresher training during staff meetings.

On 10/29/2025, I placed a call to Direct Staff, Andrea Laprl. Staff Laprl stated that she has worked for Lakeshore Woods for a little over 1 year, typically working 1st shift. Staff Laprl stated that she is dually employed at a different Special Certified AFC Home. As such, she has received all of her required AFC staff training through Community mental Health (CMH) prior to beginning her employment.

On 10/29/2025, I interviewed Direct Staff, Prescott Palm. Staff Palm stated that he began working for the facility on 09/17/2025. Staff Palm stated that he received his required training at the onset of his employment, prior to working with residents. In addition, he is also CNA Certified.

On 10/29/2025, I interviewed Direct Staff, Janessa Simpson. Staff Simpson stated that she has worked for Lakeshore Woods for 8 months. Staff Simpson recalled that she received her training upon being hired and shadowed staff a couple of weeks upon being hired.

On 11/04/2025, I received copies of training documents, verifying required AFC staff training for all direct staff, interviewed.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.

ANALYSIS:	<p>It was alleged that there is not proper training for staff.</p> <p>Director, Director Angela Ybarra and staff members Ashley Callahan, Syrina Wisner, Andrea Laprl, Prescott Palm, and Janessa Simpson all denied the allegations.</p> <p>Copies of training documents were reviewed, verifying required AFC staff training for all direct staff, interviewed.</p> <p>Based upon my investigation, which consisted of interviews with multiple facility staff members as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation that staff have not been properly trained.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is short-staffed.

INVESTIGATION:

On 09/25/2025, while onsite, Director Ybarra stated that due to ongoing repairs/updates being done at Lakeshore Woods, the majority of the residents have been moved to the attached licensed facility, Lakeshore Woods II. There are currently 3 residents residing at the facility. Director Ybarra denied that the facility is short-staffed. Residents A and B are present in their rooms. Resident C is currently out of the building.

On 09/25/2025, while onsite. I interviewed Resident A. Resident A stated that she waits extended periods of time for staff, adding that sometimes they don't show up.

On 09/25/2025, while onsite, I interviewed Resident B. Resident B denied that the facility is short-staffed.

On 09/25/2025, while onsite, I received a copy of the staff schedule for August and September 2025. The staff schedule reflects that there are 2 staff scheduled to work beginning at 6am-6:30pm. 1 additional staff begins working at 6am-2:30pm. The next staff arrives from 2pm-10:30pm. An additional next staff arrives from 6pm-6:30am. While the final staff arrives from 10pm-6:30am.

On 09/25/2025, Staff Wisner stated that staff travel between the 2 licensed facilities to provide care for residents. Staff Wisner stated that she believes the facility is short-staffed.

On 09/25/2025, Staff Graham stated that staff travel between the 2 licensed facilities to provide care for residents.

On 10/07/2025, I received an emailed copy of the AFC Assessment Plans for Residents A, B and C. The assessment plan for Resident A indicates that Resident A requires staff assistance with toileting, bathing, grooming, dressing, personal hygiene and mobility. Resident A also requires staff assistance with setting up her food, not eating. The assessment plan was not signed by the Licensee.

The assessment plan for Resident B indicates that Resident B requires staff assistance with toileting, bathing, grooming, dressing, personal hygiene and mobility. Resident B also requires staff assistance with setting up her food, not eating. The assessment plan was not signed by the Licensee.

The assessment plan for Resident C indicates that Resident C requires full assistance from staff with toileting and showering, requiring the use of a Hoyer lift to transfer on and off the toilet and shower. Resident C requires hair and nail care for grooming assistance. Resident C can brush her own teeth with assistance from staff. Resident C requires staff assistance with both getting dressed and personal hygiene. Resident C uses an electric wheelchair for mobility. Resident C requires assistance with meal prep; however, she does not require any assistance with eating. The assessment plan was not signed by the Licensee.

On 10/27/2025, I received a copy of the fire drills conducted in August 2025 and September 2025 fire drills. The drills reflect timely evacuations within 5 minutes. The drills do not list the number of staff or residents participating in the fire drills.

On 10/27/2025, I placed a call to Relative A. There was no answer. A voice mail message was left requesting a return phone call.

On 10/29/2025, Staff Laprl stated that she believes that the facility needs more staff as all AFC's probably do. Staff Laprl stated that the facility is actively seeking to add more employees, adding that 2 new employees were hired recently. Staff Laprl stated that in the past she has had to travel between the 2 adjacent licensed facilities to provide care to the other residents, however, for the last month or so that is no longer occurring.

On 10/29/2025, Staff Palm stated that staffing has been an issue however the facility is actively hiring more staff. Staff Palm denied that he travels between the 2 licensed facilities to provide assistance or care for residents.

On 10/29/2025, Staff Simpson denied the short staffing allegations. Staff Simpson denied that she travels between the 2 licensed facilities to provide assistance or care for residents.

On 11/03/2025, I placed a follow-up call to Relative A. Relative A answered the phone and indicated that he was working and would follow-up later in the day with a return call.

On 11/03/2025, I placed a call to Relative B. There was no answer. A voice mail message was left requesting a return phone call.

On 11/03/2025, I spoke with Relative C. Relative C stated that she understands that staffing can be hard, especially when the staff don't show up to work. Relative C added that she knows that Director Ybarra actively works the floor when staff don't show up and is also hiring more staff.

On 11/04/2025, I spoke with Director Ybarra regarding discontinuing to allow staff to provide resident assistance at the separately licensed facility. In addition, I also addressed adding number of residents and staff assisting with the evacuations being added to the fire drill logs.

SIR #2025A0580012, dated 02/07/2025 found violation R 400.15206 (2) the facility being short staffed. The corrective action plan, dated and signed by the facility owner, Steven Larsen, on 02/10/2025, stated that 11 new staff were hired to ensure that there would be 2 staff and a med tech on duty at all times, effective 02/10/2025.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>It was alleged that the facility is short-staffed.</p> <p>Director Ybarra denied that the facility is short-staffed.</p> <p>Resident A stated that she waits extended periods of time for staff, adding that sometimes they don't show up.</p> <p>Resident B denied that the facility is short-staffed.</p> <p>Staff Wisner stated that she believes the facility is short-staffed. Staff Wisner stated that staff travel between the 2 licensed facilities to provide care for residents.</p> <p>Staff Graham stated that staff travel between the 2 licensed facilities to provide care for residents.</p>

	<p>Staff Lapri stated that she believes that the facility needs more staff. Staff Lapri has had to travel between the 2 adjacent licensed facilities to provide care to the other residents, however, for the last month or so that is no longer occurring.</p> <p>Staff Palm stated that staffing has been an issue however the facility is actively hiring more staff.</p> <p>Staff Simpson denied the short staffing allegations.</p> <p>The AFC Assessment Plans for Residents A, B and C were reviewed.</p> <p>August and September 2025 fire drills were reviewed.</p> <p>The August and September 2025 staff schedules were reviewed.</p> <p>Relative C stated that she understands that staffing can be hard, especially when the staff don't show up to work.</p> <p>Based upon my investigation, which consisted of interviews with multiple facility staff members and residents, relative guardians, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation the facility does not have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2025A0580012 dated 02/07/2025

ALLEGATION:

Residents are by themselves, not being changed for long periods of time.

INVESTIGATION:

On 09/25/2025, Director Ybarra denied the allegations that residents are left by themselves, not being changed for long periods of time as alleged. Director Ybarra adds that Residents A and B require minimal assistance, while Resident C has private aid that works to provide her direct care, from 7am-730pm.

On 09/25/2025, while onsite, Resident A denied the allegations, stating that she can take herself to the bathroom. Resident A adds that the staff are very good, kind, considerate and treat her like a queen.

On 09/25/2025, Resident B denied the allegation, stating that the crew is very nice and she has no complaints.

On 09/25/2025, Staff Wisner stated that residents' briefs are checked and changed every 2 hours.

On 09/25/2025, Staff Graham denied that residents are left in wet briefs. Residents are changed 3 times minimum during, or as much as needed during the course of her shift.

The assessment plan for Resident A indicates that Resident A requires staff assistance with toileting, bathing, grooming, dressing, personal hygiene and mobility. Resident A also requires staff assistance with setting up her food, not eating. The assessment plan was not signed by the Licensee.

The assessment plan for Resident B indicates that Resident B requires staff assistance with toileting, bathing, grooming, dressing, personal hygiene and mobility. Resident B also requires staff assistance with setting up her food, not eating. The assessment plan was not signed by the Licensee.

The assessment plan for Resident C indicates that Resident C requires full assistance from staff with toileting and showering, requiring the use of a Hoyer lift to transfer on and off the toilet and shower. Resident C requires hair and nail care for grooming assistance. Resident C can brush her own teeth with assistance from staff. Resident C requires staff assistance with both getting dressed and personal hygiene. Resident C uses an electric wheelchair for mobility. Resident C requires assistance with meal prep; however, she does not require any assistance with eating. The assessment plan was not signed by the Licensee.

On 10/29/2025, Staff Lapri stated that Residents that require toileting assistance are checked and or changed every 2 hours or as needed.

On 10/29/2025, Staff Palm stated that currently there is only 1 incontinent resident on the unit at this time, adding that he inquires/checks if briefs changing is needed each time he makes his rounds.

On 10/29/2025, Staff Simpson stated Resident C is the only resident that requires assistance. Resident C is provided with a private aid that tends to her care from 7am-7:30pm. Once the aid departs, staff assist Resident C by cleaning/checking her catheter as needed, repositioning in bed, and regular brief checks for bowel movements. Staff Simpson denied the allegations.

On 11/03/2025, Relative C stated that Resident C is doing well in the home with no complaints, adding that she can call anytime and address any concerns with staff.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>It was alleged that residents are by themselves, not being changed for long periods of time.</p> <p>Director Ybarra denied the allegations that residents are left by themselves, not being changed for long periods of time as alleged.</p> <p>Residents A and B both denied the allegations.</p> <p>Staff Wisner stated that residents' briefs are checked and changed every 2 hours.</p> <p>Staff Graham and Staff Simpson denied that residents are left in wet briefs.</p> <p>The assessment plans for Residents A, B, and C were reviewed.</p> <p>Staff Lapri stated that Residents that require toileting assistance are checked and or changed every 2 hours or as needed.</p> <p>Staff Palm stated that he inquires/checks if briefs changing is needed each time he makes his rounds.</p> <p>Based upon my investigation, which consisted of interviews with multiple facility staff members and residents, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation that residents are by themselves, not being changed for long periods of time.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

A large bag of medication has not been disposed.

INVESTIGATION:

On 09/25/2025, upon entering the office, a trash bag was observed on the floor. Staff Callahan denied that they were medications, however, when asked to see the contents of the bag, it was determined that there was indeed medication located in the bags. When asked to explain, staff stated that they still needed to take the labels off to shred them before disposing. A photo of the medication was taken.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.
ANALYSIS:	It was alleged that there is a large bag of medication that has not been disposed. On 09/25/2025, while onsite, I observed a large trash bag full of medication in the office that had not been disposed of. Based upon my observation, there is enough evidence to substantiate the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/07/2025, I received a copy of the AFC Assessment Plans for Residents A, B and C. The assessment plans were not signed by the Licensee Designee.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

ANALYSIS:	The written assessment plans for Residents A, B and C were not complete as they have not been signed by the licensee.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/04/2025, I conducted an exit conference with Director, Angela Ybarra, Appointed Licensee Designee/Administrator. LD Ybarra was informed of the findings of this investigation.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action, no change to the status of the license is recommended.

Sabrina McGowan

November 4, 2025

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

November 4, 2025

Mary E. Holton
Area Manager

Date