



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 27, 2026

Tristin Chaffee
Lakeshore Care Corp.
8840 Cedar Creek Dr.
Holton, MI 49425

RE: License #:	AM610418855 Cedar Creek Personal Care Home I 8840 Cedar Creek Dr. Holton, MI 49425
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Dear Mr. Chaffee:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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
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 #:	AM610418855
Licensee Name:	Lakeshore Care Corp.
Licensee Address:	8840 Cedar Creek Dr. Holton, MI 49425
Licensee Telephone #:	(231) 287-2537
Licensee/Licensee Designee:	Tristin Chaffee, Designee
Administrator:	Tristin Chaffee, Administrator
Name of Facility:	Cedar Creek Personal Care Home I
Facility Address:	8840 Cedar Creek Dr. Holton, MI 49425
Facility Telephone #:	(231) 821-0281
Original Issuance Date:	08/28/2025
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2026

Date of Bureau of Fire Services Inspection if applicable: 02/12/2025, 03/14/2025, 07/21/2025

Date of Health Authority Inspection if applicable: 07/21/2025

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: T. Chaffee, LD/Admin.

- 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: Temporary license renewal N/A
- Number of excluded employees followed-up? A review of the WFBC site with Mr. Chaffee was conducted. N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification.



02/27/2026

Elizabeth Elliott
Licensing Consultant

Date