



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 13, 2022

Tara Durecka
Lakeshore Adult Foster Care, LLC
5090 Lakeshore Road
Lexington, MI 48450

RE: License #: AM760342724
Lakeshore Adult Foster Care
5090 Lakeshore Road
Lexington, MI 48450

Dear Mrs. Durecka:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license are renewed. The regular license 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--------------------------------------------|
| License #: | AM760342724 |
| Licensee Name: | Lakeshore Adult Foster Care, LLC |
| Licensee Address: | 5090 Lakeshore Road Lexington, MI 48450 |
| Licensee Telephone #: | (810) 359-7540 |
| Licensee Designee: | Tara Durecka |
| Administrator: | Tara Durecka |
| Name of Facility: | Lakeshore Adult Foster Care |
| Facility Address: | 5090 Lakeshore Road Lexington, MI 48450 |
| Facility Telephone #: | (810) 359-7540 |
| Original Issuance Date: | 07/12/2013 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED AGED |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/05/2022

Date of Bureau of Fire Services Inspection if applicable: 11/08/2021

Date of Health Authority Inspection if applicable:

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 10
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.
Lunch was served after the inspection was complete.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a regular 2-year license to this AFC adult medium group home (capacity 7-12).



01/13/2022

Kathryn A. Huber
Licensing Consultant

Date