

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 18, 2021

Lanet Lige Shoreline Quality Care 20207 Mauer St. Clair Shores, MI 48080

RE: License #: AS500402973

Shoreline Quality Care

20207 Mauer

St. Clair Shores, MI 48080

Dear Ms. Lige:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan: An onsite inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (248) 975-5053.

Sincerely,

Kristine Cilluffo, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Kristine Cillylo

Pontiac, MI 48342

(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500402973	
Licensee Name:	Shoreline Quality Care	
Licensee Address:	20207 Mauer	
	St. Clair Shores, MI 48080	
Licence Telephone #	(242) 779 4045	
Licensee Telephone #:	(313) 778-1045	
Licensee/Licensee Designee:	Lanet Lige	
Administrator:	Lanet Lige	
Name of Facility:	Shoreline Quality Care	
Encility Address:	20207 Mauer	
Facility Address:	St. Clair Shores, MI 48080	
	Ct. Olali Chores, Wii 40000	
Facility Telephone #:	(313) 778-1045	
	2011010001	
Original Issuance Date:	03/19/2021	
Capacity:	4	
Program Type:	DEVELOPMENTALLY DISABLED	
	MENTALLY ILL	
	AGED	

II. METHODS OF INSPECTION

Date of On-site Inspection(s	s): 09/	16/2021
Date of Bureau of Fire Serv	ices Inspection if applicat	ole: N/A
Date of Health Authority Ins	pection if applicable:	N/A
Inspection Type:	☐ Interview and Observ☐ Combination	ation 🔀 Worksheet Full Fire Safety
No. of staff interviewed and No. of residents interviewed No. of others interviewed		0 0 esignee
 There are currently no Medication(s) and med There are currently no Resident funds and ass Yes No If no, e. Meal preparation / serv There are currently no Fire drills reviewed? Yes There are currently no Fire safety equipment and There are currently no E-scores reviewed? (Solf no, explain. 	residents in care. ication record(s) reviewed residents in care. sociated documents revie xplain. There are currently rice observed? Yes \(\square\) N residents in care. es \(\square\) No \(\square\) If no, expla residents in care. and practices observed?	in. Yes □ No □ N/A □
There are currently noCorrective action planN/A 	compliance verified? Yes	CAP date/s and rule/s:
Number of excluded er	nployees followed-up?	N/A 🖂
 Variances? Yes ☐ (pl 	ease explain) No 🗌 N/A	\mathcal{N}

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

- (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:
- (b) The applicant's compliance with this act and rules promulgated under this act.

There were no residents in care at the time the renewal inspection was conducted. The licensee has not admitted any residents into the home since the issuance of the temporary license. Therefore, compliance regarding quality of care cannot be determined at this time.

A corrective action plan was requested and approved on 09/16/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

Denise Y. Nunn

Area Manager

An acceptable corrective action plan has been received, issuance of a provisional license is recommended.

Date

Kristine Cillufo	09/16/2021
Kristine Cilluffo	Date
Licensing Consultant	
Approved By:	
Denice G. Hunn	11/18/2021