



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 16, 2024

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 Tara 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 is renewed. The 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 cursive script that reads "C. Garza".

Cristina Garza, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 240-2478

**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) 941-9865

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): 01/09/2024

Date of Bureau of Fire Services Inspection if applicable: 11/13/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: Licensee Designee

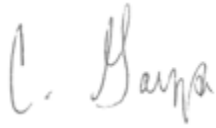
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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.
Virtual inspection completed due to Covid-19.
- 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.



1/16/2024

Cristina Garza
Licensing Consultant

Date