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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 12, 2024

Jennifer Muszall Lakeshore Caring Corp. 4851 Lakeshore, Bldg A Fort Gratiot, MI 48059

RE: License #: AL740007431

Lakeshore Woods II 4851 Lakeshore Blg B Fort Gratiot, MI 48059

#### Dear Jennifer Muszall:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan and an approved Bureau of Fire Services (BFS) inspection, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 643-7960.

Sincerely,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

Salsvia McGonan

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 835-1019

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

#### I. IDENTIFYING INFORMATION

**License #:** AL740007431

**Licensee Name:** Lakeshore Caring Corp.

**Licensee Address:** 4851 Lakeshore, Bldg A

Fort Gratiot, MI 48059

**Licensee Telephone #:** (810) 385-3185

Licensee/Licensee Designee: Jennifer Muszall

Administrator: Jennifer Muszall

Name of Facility: Lakeshore Woods II

Facility Address: 4851 Lakeshore Blg B

Fort Gratiot, MI 48059

**Facility Telephone #:** (810) 385-3185

Original Issuance Date: 09/29/1995

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

AGFD

TRAUMATICALLY BRAIN INJURED

**ALZHEIMERS** 

### **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	02/07/2	024	
Date	e of Bureau of Fire Services Inspection if appl	icable:	01/11/2024	
Date	e of Health Authority Inspection if applicable:		02/07/2024	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e/Design	2 8 nee	
•	Medication pass / simulated pass observed?	Yes 🛚	│ No	
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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 No If no, explain.  No meal served during visit  Fire drills reviewed? Yes No If no, explain.			
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes  No N/A N/A If no, explain.  Water temperatures checked? Yes No If no, explain.			
•	Incident report follow-up? Yes \( \subseteq \text{No } \subseteq \text{If } \text{No IR's to review.} \) Corrective action plan compliance verified? \( 05/05/2022-305(6). \text{ N/A } \subseteq \text{Number of excluded employees followed-up'} \)	Yes 🛚		
•	Variances? Yes ☐ (please explain) No ☐	N/A 🗆		

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible
- agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:
- (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
- (b) A description of services to be provided and the fee for the service.
- (c) A description of additional costs in addition to the basic fee that is charged.
- (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.
- (e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.
- (f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.
- (g) An agreement by the resident to follow the house rules that are provided to him or her.
- (h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
- (i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

- (j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.15315.
- (k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.
- (I) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Licensee had not signed the written care agreement for a new admit.

R 400.15401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Water temperature initially tested below 105 degrees. Once turned up, water tested above 120 degrees.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved Bureau of Fire Services (BFS) inspection, renewal of the license is recommended.

Pakria McGonan February 12, 2024

Sabrina McGowan Licensing Consultant Date