



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2024

Timothy Adams
Lakeshore Care Corp.
7280 Belding Rd. NE
Rockford, MI 49341

RE: License #:	AM610080832 Cedar Creek Personal Care 2 8842 Cedar Creek Drive Holton, MI 49425
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Dear Mr. Adams:

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 #:	AM610080832
Licensee Name:	Lakeshore Care Corp.
Licensee Address:	7280 Belding Rd. NE Rockford, MI 49341
Licensee Telephone #:	(616) 813-5471
Licensee/Licensee Designee:	Timothy Adams, Designee
Administrator:	Timothy Adams, Administrator
Name of Facility:	Cedar Creek Personal Care 2
Facility Address:	8842 Cedar Creek Drive Holton, MI 49425
Facility Telephone #:	(616) 821-0281
Original Issuance Date:	05/21/1998
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/17/2024

Date of Bureau of Fire Services Inspection if applicable: 04/12/2024

Date of Health Authority Inspection if applicable: 02/05/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 11

No. of others interviewed 1 Role: Manager: Sheila Patterson

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
At the time of the inspection, resident medications were not being administered so a review of residents medications and the MAR was conducted.
- 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:
403.1 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 compliance with rules and requirements.

IV. RECOMMENDATION

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

A handwritten signature in black ink that reads "Elizabeth Elliott". The signature is written in a cursive style with a large, stylized "E" and "L".

06/17/2024

Elizabeth Elliott
Licensing Consultant

Date