



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 7, 2025

Kathleen Greene  
Lakeshore Caring Corp.  
4851 Lakeshore, Bldg. A  
Fort Gratiot, MI 48059

RE: License #: AL740007429  
Investigation #: 2025A0580012  
Lakeshore Woods

Dear Katie Greene:

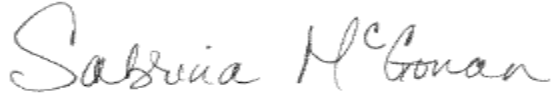
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The ink is dark and the signature is fluid.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL740007429
<b>Investigation #:</b>	2025A0580012
<b>Complaint Receipt Date:</b>	12/11/2024
<b>Investigation Initiation Date:</b>	12/13/2024
<b>Report Due Date:</b>	02/09/2025
<b>Licensee Name:</b>	Lakeshore Caring Corp.
<b>Licensee Address:</b>	4851 Lakeshore, Bldg. A Fort Gratiot, MI 48059
<b>Licensee Telephone #:</b>	(810) 385-3185
<b>Administrator:</b>	Kathleen Greene
<b>Licensee Designee:</b>	Kathleen Greene
<b>Name of Facility:</b>	Lakeshore Woods
<b>Facility Address:</b>	4851 Lakeshore Road Fort Gratiot, MI 48059
<b>Facility Telephone #:</b>	(810) 385-3185
<b>Original Issuance Date:</b>	03/30/1992
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/18/2024
<b>Expiration Date:</b>	02/17/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
There is not adequate staffing.	Yes
The food portions for lunch and dinner are so small residents are still hungry.	No
There is black mold under all sinks in the building.	No

**III. METHODOLOGY**

12/11/2024	Special Investigation Intake 2025A0580012
12/13/2024	APS Referral Referred to APS.
12/13/2024	Special Investigation Initiated - Telephone Call to complainant.
01/15/2025	Inspection Completed On-site Unannounced onsite. Contact with Katie Greene, Licensee Designee/Admin.
01/15/2025	Contact - Face to Face Interview with Residents A-D.
01/15/2025	Contact - Face to Face Interview with direct staff, Abbey Tecino.
01/15/2025	Contact - Face to Face Interview with direct staff, Syrina Wisner.
01/17/2025	Contact - Document Received Documents received via email.
01/28/2025	Contact – Telephone call made Call to Corporation owner, Steve Larsen.
02/04/2025	Contact – Telephone call made Call to Relative A.
02/04/2025	Contact – Telephone call made Call to Relative B.

02/04/2025	Contact – Telephone call made Call to Relative C.
02/04/2025	Contact – Telephone call made Call to Relative D.
02/04/2025	Contact – Telephone call made Call to Relative E.
02/07/2025	Exit Conference Exit with Owner, Steve Larsen.

### **ALLEGATION:**

**There is not adequate staffing.**

### **INVESTIGATION:**

On 12/11/2024, I received a complaint via LARA-BCHS-Complaints. On 12/13/2024, I made a referral to Adult Protective Services (APS) sharing the allegations.

On 12/13/2024, I placed a call to the complainant. A voice mail message was left requesting a return call.

On 01/15/2025, I conducted an unannounced onsite inspection at Lakeshore Woods. Contact was made with Katie Greene, newly designated Licensee Designee and Administrator. LD Greene stated that there are 18 current residents, 5 of which require a 2-person assist. There are 2 staff on duty, while 1 staff floats between the adjoined licensed facility to assist staff as needed. LD Greene stated that lunch and dinner are prepared in another facility and transported to the residents. Morning staff do assist with the preparing and serving of breakfast.

On 01/15/2025, while onsite, I interviewed Resident A-C. Resident A stated that he has never really had to wait for staff assistance. Resident A recalled his longest wait was about 25 minutes. Resident A denied being left in wet briefs. Resident B denied waiting long periods of time for staff assistance, adding that the staff do a good job taking care of her and she has no complaints. Resident C stated that staff response times vary when needing assistance. When staff are not busy, they respond within 5 minutes. In the evenings there are only 2 staff and waits are an estimated 15-20 minutes for staff assistance, which in his opinion is too long. Resident D is non-verbal and was observed lying in bed while sleeping.

On 01/15/2025, while onsite, I interviewed direct staff Abbey Tecino, who stated that staff conducts brief changes/checks every 2 hours. Due to the number of residents requiring 2-person assist transfers, staff do get pretty busy during certain times.

On 01/15/2025, while onsite, I interviewed direct staff Syrina Wisner, who stated that she conducts brief changes/checks every 2 hours, denying leaving any residents in wet briefs. Staff Wisner stated that with 2 staff working, staff response times vary if they are working with another resident. Staff Wisner added that the residents are sometimes impatient.

On 01/17/2025, I received an emailed copy of the documents requested. Staff schedules dated December 11, 2024-February 9, 2025, were received. The schedule reviewed reflects that there are 2 staff working each shift.

The AFC Assessment Plans were received. The AFC Assessment Plan for Resident A indicates that he requires 2 staff for assistance with toileting, bathing and dressing. Resident A does not ambulate and requires staff assistance with wheelchair mobility.

The AFC Assessment Plan for Resident B indicates that she requires 2 staff, Hoyer Lift assistance for toileting. Full assist with all bathing tasks, 1-2 staff assistance for all dressing tasks. Resident B uses a wheelchair for mobility.

The AFC Assessment Plan for Resident C indicates that Resident C is unable to walk but will assist with transfers. Wheelchair and Hoyer Lift are listed as his assistive devices. Resident C is incontinent and requires staff assistance. Resident C requires assistance dressing and is able to complete his grooming and personal hygiene with staff assistance.

The AFC Assessment Plan for Resident D indicates that Resident D requires full assistance from staff using a Hoyer Lift to transfer off and on the commode for toileting, and full assistance from staff transferring on and off the shower chair. Resident D requires staff assistance with dressing and daily washing. Resident D uses a wheelchair for mobility due to being unable to walk.

The AFC Assessment Plan for Resident E indicates that Resident E requires full physical assist with toileting, bathing, grooming, dressing and personal hygiene. Resident E is unable to ambulate and uses a wheelchair for her locomotion needs, with staff assist to her destinations.

On 01/28/2025, I spoke with the corporation owner, Steve Larsen, who stated that the facility is in the process of hiring several new staff members. Owner Larsen also stated that he intends to apply for an HFA license in an effort to run more efficiently.

On 02/04/2025, I spoke with Relative A who stated that Resident A has never complained about the quality of care received at the facility. Relative A added that

Resident A is pretty “with it” and can speak for himself if there were concerns. Relative A has no current concerns.

On 02/04/2025, I spoke with Relative B, who stated Resident B recently moved into the facility. Relative B added that she visits with Resident B daily and has not had any concerns regarding contacting staff or long response times. Relative B stated that Resident B is of sound mind and would be able to express any concerns.

Fire drill records for 2024 were reviewed. The fire drills indicate that 2 staff can safely evacuate the residents within 4 minutes.

On 02/04/2025, I spoke with Relative C, who stated that the facility is fantastic and provides exemplary care. Relative C stated that there was a point when Resident C was more dependent on the staff and he imagines that when you are fully dependent on someone to assist with your needs, 5 minutes may appear to be a long period of time. Relative C added that he has observed any evidence of neglect of care for Resident C.

On 02/04/2025, I placed a call to Relative D. A voice mail message was left requesting a return call.

On 02/04/2025, I spoke with Relative E, who stated that Relative E has expressed that the facility is short staffed on the weekends, often leading to longer wait times for staff assistance. Resident E has only been there a bit over a month; however, she has expressed that she loves it there.

On 02/07/2025, I conducted an exit conference with the licensee Steve Laren, sharing the findings of this investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	<p>It was alleged that there is not adequate staffing.</p> <p>LD Greene stated that there are 18 current residents, 5 of which require a 2-person assist. There are 2 staff on duty, while 1 staff floats between the adjoining licensed facility to assist staff as needed.</p> <p>Staff schedules dated December 11, 2024-January 11, 2025, indicate that there are 2 staff per shift.</p>

	<p>Fire drill records indicate that 2 staff are able to safely evacuate the residents in a 4-minute time frame.</p> <p>The AFC Assessment Plans for Residents A-E were reviewed.</p> <p>Resident A stated that he has never really had to wait for staff assistance. Resident A recalled his longest wait was about 25 minutes. Resident B denied waiting long periods of time for staff assistance. Resident C stated that staff response times vary when needing assistance. When staff are not busy, they respond within 5 minutes. In the evenings there are only 2 staff and waits are an estimated 15-20 minutes for staff assistance.</p> <p>Direct staff, Abbey Tecino and Syrina Wisner were interviewed.</p> <p>Relatives A, B, C, and E were interviewed.</p> <p>Based upon my investigation, which consisted of interviews with facility staff members, residents and relative family members, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation the facility does not have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

**The food portions for lunch and dinner are so small residents are still hungry.**

#### **INVESTIGATION:**

On 01/15/2024, while onsite, LD Greene denied the allegations of small portions and hungry residents, stating that there was a cook who was recently let go due to not giving residents second portions when asked.

On 01/15/2025, while onsite, Staff Tecino stated that staff occasionally assists with making breakfast for the residents. Staff Tecino denied small portions of food are being served to the residents.

On 01/15/2025, while onsite, Resident A stated that the food portions are adequate. Resident A rates them a 1 or 2 based on the 4 other homes he has resided. Resident B stated that the food is good and she has no complaints. Resident C stated that stated



that the food is not the best, however, he denies that he receives small portions or not enough to eat.

On 01/17/2025, I received a copy of the Weight Log records for Residents A-D. Resident A entered the facility in June 2024 weighing 278 lbs. Resident A currently weighs 263 lbs. Resident B entered the facility in December 2024, weighing 223 lbs. Resident B currently weighs 222.6 lbs. Resident C entered the facility in August 2024, weighing 204 lbs. Resident C currently weighs 194 lbs. Resident D entered the facility in January 2024, weighing 286 lbs. Resident D currently weighs 260.4 lbs. Resident E entered the facility in December 2024, weighing 274 lbs. Resident E currently weighs 274.8 lbs.

On 01/17/2025, I reviewed the December and January 2025 menus for the facility. The menu reflects a variety of foods from each food group being served daily, meeting the daily nutritional allowance contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference.

On 02/04/2025, Relative A stated that Resident A has jokingly complained about meatballs not being good, however, she understands that the facility is doing the best they can. Relative A has no weight loss concerns.

On 02/04/2025, Relative B stated that Resident B has begun eating less. While she has seen her eat breakfast, she usually will not eat her lunch or dinner. Relative B stated that she has observed staff ask residents if they want seconds and the portions are plentiful. Relative B contributes Resident B's lack of eating to her declining health.

On 02/04/2025, Relative C stated that at Resident C's age, he complains about everything. Relative C has had dinner with Resident C and the food appeared fine and the portions were plentiful. Relative C has no concerns.

On 02/04/2025, I left a voice mail message for Relative D requesting a return phone call.

On 02/04/2025, Relative E stated Resident E has complained that the staff do not know how to cook. Relative E has no weight loss concerns.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may</b>

	<b>be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.</b>
<b>ANALYSIS:</b>	<p>It was alleged that food portions for lunch and dinner are so small residents are still hungry and for all meals.</p> <p>LD Greene denied the allegations. Residents A-C denied the allegations.</p> <p>The December and January 2025 menus for the facility reflect a variety of foods from each food group being served daily, meeting the daily nutritional allowance contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference</p> <p>The Weight Log records for Residents A-E were reviewed. No concerns were noted.</p> <p>Relatives A, B, C, and E were interviewed. They reported the food is adequate and nutritious.</p> <p>Based on the documents reviewed and the interviews conducted, there is not enough evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

**There is black mold under all sinks in the building.**

#### **INVESTIGATION:**

On 01/15/2025, Admin Greene denied the allegations that there is mold under the sinks. Admin Greene stated that there was a small leak in the kitchen under the sink, which maintenance is addressing.

On 01/15/2024, while onsite I observed under the kitchen and under the kitchen sink cabinet. No mold was observed. While onsite I also observed under the resident bathroom sinks. The sinks are sink-only in style, containing no cabinets or drawers underneath. No mold was seen under the sinks located in the resident rooms.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>It was alleged that there is black mold under all sinks in the building.</p> <p>While onsite I observed under the kitchen and under the kitchen sink cabinet. No mold was seen. While onsite I also observed under the resident bathroom sinks. No mold was seen under the sinks located in the resident rooms.</p> <p>There is not enough evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

 February 7, 2025

Sabrina McGowan  
Licensing Consultant

Date

Approved By:

 February 7, 2025

Mary E. Holton  
Area Manager

Date