



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 28, 2025

Tristin Chaffee  
Lakeshore Care Corp.  
7280 Belding Rd. NE  
Rockford, MI 49341

|                    |   |
|--------------------|---|
| RE: Application #: | AM610418855<br>Cedar Creek Personal Care Home I<br>8840 Cedar Creek Dr.<br>Holton, MI 49425 |
|--------------------|---|

Dear Mr. Chaffee:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please 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

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AM610418855   |
| <b>Applicant Name:</b>                  | Lakeshore Care Corp.  |
| <b>Applicant Address:</b>               | 7280 Belding Rd. NE<br>Rockford, MI 49341   |
| <b>Applicant Telephone #:</b>           | (616) 813-5471  |
| <b>Administrator/Licensee Designee:</b> | Tristin Chaffee   |
| <b>Name of Facility:</b>                | Cedar Creek Personal Care Home I  |
| <b>Facility Address:</b>                | 8840 Cedar Creek Dr.<br>Holton, MI 49425  |
| <b>Facility Telephone #:</b>            | (616) 813-5471  |
| <b>Application Date:</b>                | 09/30/2024  |
| <b>Capacity:</b>                        | 12  |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>TRAUMATICALLY BRAIN INJURED<br>ALZHEIMERS |

## II. METHODOLOGY

|            |  |
|------------|--|
| 04/12/2024 | Inspection Completed-Fire Safety: A refer to AM610009232                                       |
| 09/30/2024 | Enrollment   |
| 09/30/2024 | Application Incomplete Letter Sent requested 1326/RI030  |
| 09/30/2024 | PSOR on Address Completed  |
| 09/30/2024 | Inspection Report Requested - Health Inv 1034649   |
| 09/30/2024 | Contact - Document Sent forms sent   |
| 10/29/2024 | File Transferred to Field Office   |
| 11/01/2024 | Application Incomplete Letter Sent   |
| 11/07/2024 | Contact - Document Sent OLSR from last renewal sent to Tristan Chaffee for review and repairs. |
| 11/22/2024 | Contact - Document Sent App incomplete letter sent to T. Chaffee again.                        |
| 12/06/2024 | Contact - Document Received facility documents   |
| 01/28/2025 | Contact - Document Sent request letter for change of licensee designee                         |
| 02/12/2025 | Contact-Document Received Fire Inspection Report-C   |
| 02/18/2025 | Contact - Document Sent AFC 100 form   |
| 02/25/2025 | Contact - Document Sent AFC 100 to Ashely Harris   |
| 02/26/2025 | Contact - Document Received email from Ashley Harris re: AFC 100                               |
| 03/14/2025 | Contact-Document Received  |

|            |   |
|------------|---|
|            | Fire Inspection Report- A   |
| 04/17/2025 | Inspection Completed On-site  |
| 04/17/2025 | Inspection Completed-BCAL Sub. Compliance   |
| 05/14/2025 | Contact - Document Sent<br>Rick Day re: updated fire inspection, on their schedule for annual inspection. |
| 05/21/2025 | Contact - Document Sent<br>email to applicant, re: documents required.                                    |
| 07/02/2025 | Contact - Document Received<br>Documents received.  |
| 07/21/2025 | Contact-Document Received<br>Fire Inspection Report-A   |
| 08/28/2025 | Application complete  |
| 08/28/2025 | Recommend License Issuance  |
| 08/28/2025 | Original License Issued   |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### **A. Physical Description of Facility**

Cedar Creek Personal Care Home I is currently an existing and long-time operating Medium Group Adult Foster Care facility. The old farmhouse that is Cedar Creek Personal Care Home I is attached to Cedar Creek Personal Care Home II that is an added-on building licensed as another medium group AFC home. There is a fire door separating Cedar Creek I and II. Cedar Creek Personal Care Home I is in a rural, wooded setting in Holton Township. The facility has 8 resident rooms and one staff room, all resident rooms are on the main floor of the home, located down two hallways, 5 resident rooms plus one staff room are located down one long hallway, and three resident rooms are located down one short hallway. The living room, kitchen and dining room are in between the two resident room hallways. There are two full resident bathrooms, one located between the kitchen and the living room, and one located off the short resident room hallway.

The home is wheelchair accessible and has 2 approved means of egress that exit directly to level ground. The home utilizes private well water and septic system. An

inspection was requested by LARA-BCHS and completed on 10/17/2024 and on 07/21/2025 by the Muskegon Public Health Department and given an A rating.

The home has a boiler and gas hot water heater located on the main level, in a room next to the kitchen. The entryway to the boiler room has a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and is not sprinkled. This facility has been in operation for many years and was operating prior to the promulgation of the rules requiring sprinkling, this facility was grandfathered in and is not sprinkled. The facility is inspected annually by the Bureau of Fire Services.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 16.25X11.58     | 177                  | 2                   |
| 2         | 10.58X10.66     | 101                  | 1                   |
| 3         | 12.58x16.08     | 193                  | 2                   |
| 4         | 17.25X14.41     | 249                  | 2                   |
| 5         | 17.25X14.41     | 249                  | 2                   |
| 6         | 12.66X8.33      | 105                  | 1                   |
| 7         | 12.66X8.33      | 105                  | 1                   |
| 8         | 12.66X8.33      | 105                  | 1                   |

The living, dining, and sitting room areas measure a total of 741 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **twelve** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Muskegon County-DHHS, Muskegon County CMH, including all surrounding area DHHS or CMH's or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Lakeshore Care Corp, Inc., which is a "For Profit Corporation" was established in Michigan, on 09/30/1994. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Lakeshore Care Corp, Inc. have submitted documentation appointing Tristin Chaffee as Licensee Designee for this facility and Tristin Chaffee as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee designee and the administrator. The applicant/licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff –to- 12 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

I recommend the issuance of a six-month temporary license to this adult foster care medium group home (capacity 12).



08/28/2025

Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



08/28/2025

Jerry Hendrick  
Area Manager

Date