



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 15, 2025

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 regular 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(517) 648-8877

**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): 11/24/2025

Date of Bureau of Fire Services Inspection if applicable: 09/16/2024

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 6  
No. of others interviewed 0 Role: [REDACTED]

- 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.
- 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**

This facility was determined to be in substantial compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



12/15/2025

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Cynthia Badour  
Licensing Consultant

Date