



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

Angela Ibarra
Lakeshore Caring Corp.
4851 Lakeshore, Bldg. A
Fort Gratiot, MI 48059

RE: License #: AL740007429
Investigation #: 2026A0580021
Lakeshore Woods

Dear Angela Ibarra:

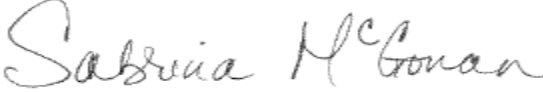
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 signature is written in black ink on a white background.

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

| | |
|---------------------------------------|---|
| License #: | AL740007429 |
| Investigation #: | 2026A0580021 |
| Complaint Receipt Date: | 02/10/2026 |
| Investigation Initiation Date: | 02/12/2026 |
| Report Due Date: | 04/11/2026 |
| Licensee Name: | Lakeshore Caring Corp. |
| Licensee Address: | 4851 Lakeshore, Bldg. A Fort Gratiot, MI 48059 |
| Licensee Telephone #: | (810) 385-3185 |
| Administrator: | Angela Ibarra |
| Licensee Designee: | Angela Ibarra |
| Name of Facility: | Lakeshore Woods |
| Facility Address: | 4851 Lakeshore Road Fort Gratiot, MI 48059 |
| Facility Telephone #: | (810) 385-3185 |
| Original Issuance Date: | 03/30/1992 |
| License Status: | REGULAR |
| Effective Date: | 02/18/2024 |
| Expiration Date: | 02/17/2026 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| Maintenance staff have not been fingerprinted. | Yes |
| There is only 1 shower for over 20 residents to use. | No |

III. METHODOLOGY

| | |
|------------|---|
| 02/10/2026 | Special Investigation Intake 2026A0580021 |
| 02/12/2026 | Special Investigation Initiated - On Site Scheduled renewal onsite. |
| 02/12/2026 | Contact - Face to Face Interview with Resident A. |
| 02/12/2026 | Contact - Face to Face Interview with Resident B. |
| 02/12/2026 | Contact - Face to Face Interview with Resident C. |
| 02/13/2026 | APS Referral Referred to APS. |
| 02/20/2026 | Contact - Document Received Workforce Background Check received. |
| 02/20/2026 | Contact - Document Sent Email to LD Ibarra regarding employee eligibility. |
| 03/31/2026 | Exit Conference Exit Conference with Licensee Designee, Angela Ibarra. |

ALLEGATION:

Maintenance staff have not been fingerprinted.

INVESTIGATION:

On 02/10/2026, I received a complaint via LARA-BCHS-Complaints. The allegation that maintenance staff have not been fingerprinted.

On 02/12/2026, I conducted an announced onsite inspection due to the scheduled license renewal inspection. While onsite, I informed Licensee Designee (LD), Angela Ibarra of the allegations. LD Ibarra identified as Christopher Ray- Henry, Michael Mugan and Alan Mannes as maintenance staff. Upon reviewing the employee files, employment eligibility was able to be verified for staff members Christopher Ray-Henry and Michael Mugan. There was no letter of employment eligibility for maintenance staff, Alan Mannes. LD Ibarra was informed that Staff Mannes needed to be fingerprinted as soon as possible.

On 02/13/2026, I made a referral to Adult Protective Services (APS). The allegations alleged in this complaint were shared.

On 02/20/2026, I received a copy of the Workforce Background Check for Staff Mannes. The letter indicates that Staff Mannes is not eligible for AFC employment.

On 02/20/2026, I sent an email to LD Ibarra informing her that maintenance staff member, Alan Mannes, is not eligible for employment and must be terminated, effective immediately. LD Ibarra responded, indicating that Staff Mannes has been terminated, as required.

On 03/31/2026, I reviewed the Workforce Background Check system. I verified that Alan Mannes has been removed as an employee on the Workforce Background Check Website.

On 03/31/2026, I conducted an exit conference with LD Ibarra. LD Ibarra agreed to have potential employees fingerprinted prior to beginning employment, or within 10 days of being hired, as required.

| APPLICABLE RULE | |
|------------------------|---|
| MCL 400.734b | <p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p> |
| | <p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p> |

| | |
|--------------------|--|
| ANALYSIS: | <p>It was alleged that maintenance staff have not been fingerprinted. Staff members, Christopher Ray- Henry, Michael Mugan and Alan Mannes were identified as maintenance staff.</p> <p>A review of the employee files determined that there was no letter of employment eligibility for maintenance staff, Alan Mannes. On 02/20/2026, I received a copy of the Workforce Background Check for Staff Mannes, indicating that he is not eligible for employment. Based upon my investigation, which consisted of a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

There is only 1 shower for over 20 residents to use.

INVESTIGATION:

On 02/12/2026, while onsite, LD Ibarra denied the allegation that there is 1 working shower. LD Ibarra stated that the showers are working, however, 1 shower developed a small leak coming from the shower head, which required the washer to be replaced. This matter was fixed in a day. LD Ibarra denied that Residents had to leave the building to access the shower. LD Ibarra added that there are 2 additional full bathrooms available for residents use.

On 02/12/2026, while onsite, I observed the 3 full bathrooms located in the facility. Each shower, as well as the jet bathtub located in one of the bathrooms were in proper working order. Water temperatures were tested and read within the acceptable range.

On 02/12/2026, while onsite, I interviewed Resident A. Resident A denied not having access to shower within the building. Resident A denied having to exit to the outside to access the shower.

On 02/12/2026, while onsite, I interviewed Resident B. Resident B denied not having access to shower within the building. Resident B denied having to exit to the outside to access the shower.

On 02/12/2026, while onsite, I interviewed Resident C. Resident C denied not having access to shower within the building. Resident C denied having to exit to the outside to access the shower.

| | |
|------------------------|--|
| APPLICABLE RULE | |
| R 400.655 | Bathrooms. |
| | (4) A facility must have a minimum of 1 toilet, 1 sink, and 1 bathing fixture for every 8 occupants. Areas restricted for employee, household member or adult day care use only may not be counted in meeting this requirement. |
| ANALYSIS: | <p>It was alleged that there is only 1 shower for over 20 residents to use. LD Ibarra denied the allegation that there is 1 working shower. LD Ibarra stated that the showers are working, however, 1 shower developed a small leak coming from the shower head, which required the washer to be replaced. This matter was fixed in a day. LD Ibarra denied that Residents had to leave the building to access the shower. LD Ibarra added that there are 2 additional full bathrooms available for residents use.</p> <p>While onsite, I observed the 3 full bathrooms located in the facility. Each shower, as well as the jet bathtub located in one of the bathrooms were in proper working order.</p> <p>Residents A, B, and C denied the allegations. Based upon my investigation, which consisted of an onsite inspection, interviews with residents, and Licensee Designee Angela Ibarra, there is not enough evidence to substantiate the allegation.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

On 03/31/2026, I conducted an exit conference with Licensee Designee, Angela Ibarra. LD Ibarra was informed of the findings of this investigation.

IV. RECOMMENDATION

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

Sabrina McGowan

March 31, 2026

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary Holton

March 31, 2026

Mary E. Holton
Area Manager

Date