



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 10, 2026

Chelsea Sack  
531 S. Lincoln Avenue  
Lakeview, MI 48850

RE: License #: AF590402055  
**Lake House Assisted Living**  
**531 S. Lincoln Avenue**  
**Lakeview, MI 48850**

Dear Mrs. Sack:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Blasius', with a stylized, cursive script.

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

|                                    |                                             |
|------------------------------------|---------------------------------------------|
| <b>License #:</b>                  | AF590402055                                 |
| <b>Licensee Name:</b>              | Chelsea Sack                                |
| <b>Licensee Address:</b>           | 531 S. Lincoln Avenue<br>Lakeview, MI 48850 |
| <b>Licensee Telephone #:</b>       | (616) 920-2050                              |
| <b>Licensee/Licensee Designee:</b> | Chelsea Sack                                |
| <b>Administrator:</b>              | NA                                          |
| <b>Name of Facility:</b>           | Lake House Assisted Living                  |
| <b>Facility Address:</b>           | 531 S. Lincoln Avenue<br>Lakeview, MI 48850 |
| <b>Facility Telephone #:</b>       | (616) 920-2050                              |
| <b>Original Issuance Date:</b>     | 12/30/2019                                  |
| <b>Capacity:</b>                   | 4                                           |
| <b>Program Type:</b>               | AGED                                        |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed Role:

- 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. licensee does not keep funds on file.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. Inspection did not occur during a meal time.
- 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 found to be in non-compliance with the following rules:

**R 400.645                      Environmental health.**

**(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.**

At the time of inspection, the water temperature was tested at 124 degrees Fahrenheit.

**R 400.729                      Heating equipment.**

**(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.**

At the time of inspection, the dryer had metal foil duct work installed.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



06/10/2026

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Amanda Blasius  
Licensing Consultant

Date