



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 21, 2017

Donald Trygstad
Northcrest Assisted Living Community
2650 Ruddiman Street
North Muskegon, MI 49445

RE: License #: AH610236856
Northcrest Assisted Living Community
2650 Ruddiman Street
North Muskegon, MI 49445

Dear Mr. Trygstad:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH610236856
Licensee Name:	Northcrest Operating Company
Licensee Address:	2650 Ruddiman Dr Muskegon, MI 49445
Licensee Telephone #:	(231) 744-2447
Authorized Representative:	Donald Trygstad
Administrator:	Donald Trygstad
Name of Facility:	Northcrest Assisted Living Community
Facility Address:	2650 Ruddiman Street North Muskegon, MI 49445
Facility Telephone #:	(231) 744-2447
Capacity:	86
Program Type:	AGED ALZHEIMERS

II. Purpose of Addendum

The purpose of this addendum is to document the addition of the facility’s newly developed memory care program.

III. Methodology

On 5/4/17, I completed an onsite inspection at the facility, specifically observing the newly developed memory care unit, titled *the Loft*, located on the second floor. Residents admitted to *the Loft* unit require a secure environment due to elopement risk and need for additional monitoring and care related to poor safety awareness or increased health needs due to dementia. Exterior windows and patio doors are mechanically prohibited from opening beyond three inches.

I reviewed the memory care program statement. The program statement was consistent with 333.20178.

On 1/9/17, Health Facilities Engineering granted their occupancy approval.

On 12/1/17, Bureau of Fire Safety granted their approval.

IV. Description of Findings and Conclusions

Northcrest Assisted Living is a two-story building. *The Loft* unit is comprised of 12 pre-existing resident rooms in the north-east wing of the facility. Two doors equipped with a key pad for entry and alarms were installed to secure the north-east wing. The pre-existing beauty salon in the north-east wing was renovated and changed into a nurse’s station. The beauty salon was relocated outside of the unit. The hallway fire doors are equipped with a wander guard bracelet system and automatically lock or alarm when a resident wearing a bracelet approaches.

The unit has a large dining area that can also be used for activities.

V. Recommendation

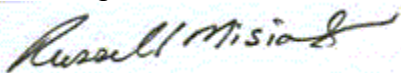
I recommend *The Loft* secured memory care unit be a licensed area for the facility’s newly developed Alzheimer’s program.



1/2/18

Lauren Wohlfert
Licensing Staff

Date



1/2/18

Russell Misiak
Area Manager

Date

