



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 07, 2023

Cynthia Blair  
Muskegon County-HealthWest  
376 East Apple Ave.  
Muskegon, MI 49442

RE: License #:	AS610404686 HealthWest Crisis Residential Center 1364 Terrace St. Muskegon, MI 49442
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Dear Mrs. Blair:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610404686
<b>Licensee Name:</b>	Muskegon County-HealthWest
<b>Licensee Address:</b>	376 East Apple Ave. Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 724-3628
<b>Licensee/Licensee Designee:</b>	Cynthia Blair, Designee
<b>Administrator:</b>	Cynthia Blair, Administrator
<b>Name of Facility:</b>	HealthWest Crisis Residential Center
<b>Facility Address:</b>	1364 Terrace St. Muskegon, MI 49442
<b>Facility Telephone #:</b>	(231) 724-6040
<b>Original Issuance Date:</b>	09/09/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/07/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee, C. Blair

- 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 2-year regular adult foster care license and special certification.



03/07/2023

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Elizabeth Elliott  
Licensing Consultant

Date