



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 4, 2024

CSM Norton Shores, LLC
Attn: Marcia Curtiss
1435 Coit Ave. NE
Grand Rapids, MI 49505

RE: License #:	AL610414381 Harbor Homes Assisted Living A 2649 Vulcan St. Muskegon, MI 49444
----------------	----------------------------------------------------------------------------------------

Dear Ms. Curtiss:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license 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,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
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

License #:	AL610414381
Licensee Name:	CSM Norton Shores, LLC
Licensee Address:	2649 Vulcan St. Muskegon, MI 49444
Licensee Telephone #:	(231) 600-7188
Licensee/Licensee Designee:	Marcia Curtiss, Designee
Administrator:	Marcia Curtiss, Administrator
Name of Facility:	Harbor Homes Assisted Living A
Facility Address:	2649 Vulcan St. Muskegon, MI 49444
Facility Telephone #:	(231) 600-7188
Original Issuance Date:	12/21/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2024
Date of Bureau of Fire Services Inspection if applicable: 11/28/2023
Date of Health Authority Inspection if applicable: 05/23/2024
No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: M. Curtiss, LD

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered so an inspection of the medications and MAR was conducted.
- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



06/04/2024

Elizabeth Elliott
Licensing Consultant

Date