



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 13, 2024

Lisa Sikes
Norton Shores Care Operations, LLC
1435 COIT AVE. NE
GRAND RAPIDS, MI 49505

RE: Application #: AL610418578
Harbor Homes Assisted Living 4
2689-B Vulcan St.
Norton Shores, MI 49444

Dear Mrs. Sikes:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL610418578
Licensee Name:	Norton Shores Care Operations, LLC
Licensee Address:	1435 COIT AVE. NE GRAND RAPIDS, MI 49505
Licensee Telephone #:	(231) 600-7188
Administrator/Licensee Designee:	Lisa Sikes, Designee
Name of Facility:	Harbor Homes Assisted Living 4
Facility Address:	2689-B Vulcan St. Norton Shores, MI 49444
Facility Telephone #:	(231) 600-7188
Application Date:	06/10/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

12/08/2023	Inspection Completed-Fire Safety : A
04/17/2024	Inspection Completed-Env. Health : A
06/10/2024	On-Line Enrollment
06/12/2024	PSOR on Address Completed
06/12/2024	Contact - Document Sent letter sent
07/11/2024	Inspection Completed On-site
07/11/2024	Inspection Completed-BCAL Full Compliance
07/11/2024	Inspection Completed-Env. Health : A
07/11/2024	Exit Conference
07/30/2024	File Transferred To Field Office
07/30/2024	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This building is a newly built, ranch style facility in the City of Norton Shores. The building has 5 resident rooms on the east side of the building and another 5 resident rooms on the west side of the building. As you walk into the building, you enter a sitting area with a fireplace, on the other side of the fireplace is resident dining and included in the main area is an all-season living area, an administrative office and guest bathroom. There is a large, open kitchen that spans the length of the dining and sitting rooms. Located on the East hallway of the facility is the medication room, janitor closet, storage, and mechanical room. Located on the West hallway is the linen room and laundry room. Located at the end of the hallways, spanning across the back of the building are two full bathrooms for resident use and one shower room for resident use. Each of the 10 resident rooms have bathrooms inside the rooms and each hallway has a full bathroom for resident use. The facility is wheelchair accessible with 2 approved means of egress that exit level to the ground outside. The facility utilizes public water and sewer systems.

The gas furnace and hot water heater are located on the East side of the facility in a mechanical room with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was

installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
401	9.50X6.17+16.33X9.33 Minus 9/wardrobe	202	2
402	3.0X6.0+18.75X10.25 Minus 9/wardrobe	201	2
403	3.0X5.92+10.25X18.75 Minus 9/wardrobe	201	2
404	3.08X5.92+10.25X18.75 Minus 9/wardrobe	201	2
405	3.0X5.92+18.75X10.25 Minus 9/wardrobe	201	2
406	3.08X5.92+18.75X10.33 Minus 9/wardrobe	203	2
407	3.0X5.92+10.25X18.75 Minus 9/wardrobe	201	2
408	3.0X6.0+10.33X18.75 Minus 9/wardrobe	203	2
409	3.0X6.0+10.25X18.83 Minus 9/wardrobe	202	2
410	6.17X9.50+9.42X16.33 Minus 9/wardrobe	203	2

The living, dining, and sitting room areas measure a total of 1,029 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **twenty** male or female adults aged 50 and over, whose diagnosis are aged, mentally impaired, developmentally disabled, physically handicapped, and/or Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Muskegon County resources and/or surrounding counties, or private pay individuals as a referral source. If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs unless otherwise noted in the resident care agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Norton Shores Care Operations LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 09/22/2023. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Lisa Sikes is the Licensee Designee and Christine Barton is the Administrator for this home. Medical and Record Clearance requests for Ms. Sikes and Ms. Barton were completed with no restrictions noted on either. TB-tine results were negative.

Ms. Sikes and Ms. Barton have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is 2-staff- to-20 residents during all shifts. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Identogo, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by Ms. Sikes, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).



08/13/2024

Toya Zylstra
Licensing Consultant

Date

Approved By:



08/13/2024

Jerry Hendrick
Area Manager

Date