



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 27, 2025

Christine LaDronka  
Muskegon County-HealthWest  
376 East Apple Ave.  
Muskegon, MI 49442

RE: License #:	AS610404686 Health West Crisis Residential Center 1364 Terrace St. Muskegon, MI 49442
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Dear Ms. LaDronka:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial 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,

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**

<b>License #:</b>	AS610404686
<b>Licensee Name:</b>	Muskegon County-Health West
<b>Licensee Address:</b>	376 East Apple Ave. Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 724-3628
<b>Licensee/Licensee Designee:</b>	Christine LaDronka, Designee
<b>Administrator:</b>	Christine LaDronka, Administrator
<b>Name of Facility:</b>	Health West 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): 02/19/2025

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

Date of Health Authority Inspection if applicable: 02/19/2025

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: JT&DP, HW nurses

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
At the time of the inspection, resident medications were not due for administration. A review of resident 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

On 02/19/2025, I conducted an exit conference with Health West nurses, Justine Tufts and Devan Peterson and we reviewed the outcome of the onsite inspection. I informed Mr. Peterson and Ms. Tufts that I recommend issuance of a 2-year regular adult foster care license and special certification.



02/27/2025

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Elizabeth Elliott  
Licensing Consultant

Date