



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 13, 2025

Tahir Khan
The Oasis of Norton Shores
6025 Harvey Street
Norton Shores, MI 49444

RE: License #: AH610411693
The Oasis of Norton Shores
6025 Harvey Street
Norton Shores, MI 49444

Dear Licensee:

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

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 feel free to contact the local office at (517) 241-1970.

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
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH610411693
Licensee Name:	The Oasis of Norton Shores LLC
Licensee Address:	Ste C 2575 Mcleod Drive North Saginaw, MI 48604
Licensee Telephone #:	(989) 992-4587
Authorized Representative/ Administrator:	Tahir Khan
Name of Facility:	The Oasis of Norton Shores
Facility Address:	6025 Harvey Street Norton Shores, MI 49444
Facility Telephone #:	(989) 992-4587
Original Issuance Date:	06/26/2024
Capacity:	115
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable: 05/02/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 01/13/2024

No. of staff interviewed and/or observed 18
No. of residents interviewed and/or observed 10
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services (BFS) reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: Special Investigation Report (SIR) number 2025A1010005, CAP dated 12/02/2024 rule 1932(2)
- Number of excluded employees followed up? 1 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

I recommend issuance of a regular license.



01/13/2024

Date

Licensing Consultant