



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2025

Kimberly Wozniak
Norton Shores Care Operations, LLC
1435 Coit Ave. NE
Grand Rapids, MI 49505

| | |
|----------------|---|
| RE: License #: | AL610418576 Harbor Homes Assisted Living 2 2649-B Vulcan St. Norton Shores, MI 49444 |
|----------------|---|

Dear Ms. Wozniak:

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,

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

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 #: | AL610418576 |
| Licensee Name: | Norton Shores Care Operations, LLC |
| Licensee Address: | 1435 COIT AVE. NE GRAND RAPIDS, MI 49505 |
| Licensee Telephone #: | (231) 600-7188 |
| Licensee/Licensee Designee: | Kimberly Wozniak, Designee |
| Administrator: | Christine Barton, Administrator |
| Name of Facility: | Harbor Homes Assisted Living 2 |
| Facility Address: | 2649-B Vulcan St. Norton Shores, MI 49444 |
| Facility Telephone #: | (231) 600-7188 |
| Original Issuance Date: | 08/14/2024 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/12/2025

Date of Bureau of Fire Services Inspection if applicable: 02/10/2025, 03/21/2025

Date of Health Authority Inspection if applicable: 02/12/2025

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: C. Barton, Admin.

- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 20).



04/08/2025

Elizabeth Elliott
Licensing Consultant

Date