



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 12, 2025

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

RE: Application #:	AS610419721 HealthWest CRU 1713 7th St Muskegon, MI 49441
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Dear Ms. LaDronka:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please 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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610419721
<b>Applicant Name:</b>	Muskegon County-HealthWest
<b>Applicant Address:</b>	376 East Apple Ave. Muskegon, MI 49442
<b>Applicant Telephone #:</b>	(231) 724-3628
<b>Administrator/Licensee Designee:</b>	Christine LaDronka
<b>Name of Facility:</b>	HealthWest CRU
<b>Facility Address:</b>	1713 7th St Muskegon, MI 49441
<b>Facility Telephone #:</b>	(231) 670-6138
<b>Application Date:</b>	07/10/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

07/10/2025	Enrollment
07/10/2025	Application Incomplete Letter Sent
07/10/2025	PSOR on Address Completed
07/10/2025	Contact - Document Sent form sent
07/17/2025	Contact - Document Received
07/17/2025	File Transferred to Field Office
07/21/2025	Contact - Document Received Brittani Duff re: large group and small group home application. Facility documents.
07/22/2025	Contact - Document Received A. Harris, spoke to D. Trierweiler who said ok to leave large group home app while processing small group home license.
07/31/2025	Application Incomplete Letter Sent
07/31/2025	Contact - Document Received Facility docs received
08/05/2025	Application Complete/On-site Needed
08/05/2025	Inspection Completed On-site
08/05/2025	Inspection Completed-BCAL Full Compliance
08/11/2025	Recommend License Issuance
08/12/2025	Temporary License Issued

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

The HealthWest Crisis Residential Center is a newer constructed, ground level, ranch style building that used to house a rehab center. The Crisis Residential Center is in the City of Muskegon in an area with other community service buildings, near gas stations, restaurants and public transportation. The entryway to the crisis residential unit is on the

East side of the building and as you enter the front door, you step into the living area of the facility, to the right is the intake room for medical services and to the left is the medication room. The living area is open to the kitchen and dining area, off the dining area to the South is a small hallway with a half bathroom, for resident use, an office, a large pantry area and a door leading to the outside of the facility. Off the dining area on the South side of the building is Suite 2 with resident rooms and a full bathroom for resident use. On the North side of the building is Suite 3 and Suite 4 with resident rooms and two full bathrooms for resident use. The Suites are set up as two separate areas for sleeping and a common bathroom (full) for both occupants to use. Suite 1 on the South side of the building has been turned into staff offices and will not be used as resident rooms. Also, off the dining and kitchen area on the West side of the building, is another small hallway with a mechanical room, a door to the outside, a large conference room and inside the conference room is a second mechanical room.

The facility is wheelchair accessible and has 2 approved means of egress that exit directly to level ground upon exiting the facility. The facility utilizes public water and public sewer.

The gas furnace and hot water heater are located on the main level of the facility in two separate rooms and both rooms are constructed of materials that provide a 1-hour-fire-resistance rating, with a 1-3/4-inch solid core door in a fully stopped frame, 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Suite 2			
Room A	9.83X18.58	183	1
Room B	9.91X18.5	183	1
Suite 3			
Room A	9.75X18.5	180	1
Room B	9.91X18.5	183	1
Suite 4			
Room A	18.5X9.91	183	1
Room B	18.5X9.91	183	1

The living, dining, and sitting room areas measure a total of 645 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 **six** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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-DHHS, Muskegon County CMH, 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 specified 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 Muskegon County, Inc., which is a "Non-Profit Corporation" was established in Michigan, on 02/04/1959. 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.

The Board of Directors of Muskegon County, Inc. have submitted documentation appointing Christine LaDronka as Licensee Designee for this facility and Christine LaDronka as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee and the administrator. The Licensee Designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The Licensee Designee and administrator 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. The applicant acknowledges that the

staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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](http://www.miltcpartnership.org)) 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 the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

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

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 the issuance of a temporary license to this AFC adult small group home (capacity 6).



08/11/2025

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Elizabeth Elliott  
Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink, appearing to read "Jerry Hendrick".

08/12/2025

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Jerry Hendrick  
Area Manager

Date