



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 9, 2026

Kimberly Wozniak  
Norton Shores Care Operations, LLC  
144  
940 Monroe Ave. NW  
GRAND RAPIDS, MI 49503

|                |   |
|----------------|---|
| RE: License #: | AL610418578<br>Harbor Homes Assisted Living 4<br>2689-B Vulcan St.<br>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,

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>                  | AL610418578  |
| <b>Licensee Name:</b>              | Norton Shores Care Operations, LLC   |
| <b>Licensee Address:</b>           | 144<br>940 Monroe Ave. NW<br>GRAND RAPIDS, MI 49503                                      |
| <b>Licensee Telephone #:</b>       | (231) 600-7188   |
| <b>Licensee/Licensee Designee:</b> | Kimberly Wozniak, Designee   |
| <b>Administrator:</b>              | Daniyel Baer, administrator  |
| <b>Name of Facility:</b>           | Harbor Homes Assisted Living 4   |
| <b>Facility Address:</b>           | 2689-B Vulcan St.<br>Norton Shores, MI 49444   |
| <b>Facility Telephone #:</b>       | (231) 600-7188   |
| <b>Original Issuance Date:</b>     | 08/14/2024   |
| <b>Capacity:</b>                   | 20   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS |
|                                    |  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/10/2026

Date of Bureau of Fire Services Inspection if applicable: 01/22/2026, 03/05/2026

Date of Health Authority Inspection if applicable: 02/10/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: LD-K. Wozniak

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, resident medications were not being passed so a review of the 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:  
Residents are not in care at the facility. 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).



03/09/2026

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Elizabeth Elliott  
Licensing Consultant

Date