



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 15, 2023

Joshua Simmer
Northcrest Assisted Living Community
2650 Ruddiman Street
North Muskegon, MI 49445

RE: License #: AH610236856
Northcrest Assisted Living Community
2650 Ruddiman Street
North Muskegon, MI 49445

Dear Ms. Simmer:

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 is renewed. 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 #:	AH610236856
Licensee Name:	Northcrest Operating Company
Licensee Address:	2650 Ruddiman Dr Muskegon, MI 49445
Licensee Telephone #:	(231) 744-2447
Authorized Representative/ Administrator:	Joshua Simmer
Name of Facility:	Northcrest Assisted Living Community
Facility Address:	2650 Ruddiman Street North Muskegon, MI 49445
Facility Telephone #:	(231) 744-2447
Original Issuance Date:	06/01/1976
Capacity:	86
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/14/2023

Date of Bureau of Fire Services Inspection if applicable: 02/27/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/14/2023

No. of staff interviewed and/or observed **9**
No. of residents interviewed and/or observed **23**

No. of others interviewed **1** Role Relative

- 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.
- 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: N/A
- 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 to this home for the aged.



09/15/2023

Date

Licensing Consultant