



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 07, 2024

Marcia Curtiss  
CSM Norton Shores, LLC  
1435 Coit Ave. NE  
Grand Rapids, MI 49505

RE: Application #:	AL610414383 Harbor Homes Assisted Living Bldg. 3B. 2689 Vulcan St. Norton Shores, MI 49444
--------------------	---

Dear Ms. Curtiss:

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 20 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,

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL610414383
<b>Applicant Name:</b>	CSM Norton Shores, LLC
<b>Applicant Address:</b>	2649 Vulcan St. Muskegon, MI 49444
<b>Applicant Telephone #:</b>	(231) 600-7188
<b>Administrator/Licensee Designee:</b>	Marcia Curtiss, Designee
<b>Name of Facility:</b>	Harbor Homes Assisted Living Bldg. 3B
<b>Facility Address:</b>	2689 Vulcan St. Norton Shores, MI 49444
<b>Facility Telephone #:</b>	(231) 600-7188
<b>Application Date:</b>	10/05/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

10/05/2022	Enrollment
10/06/2022	Inspection Report Requested - Fire
10/06/2022	Contact - Document Sent Fire Safety String & 1712 to BFS
10/06/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for LD
10/20/2022	Contact - Document Received 1326/Fingerprint/RI 030 for LD
11/14/2022	File Transferred To Field Office GR via SharePoint
11/16/2022	Application Incomplete Letter Sent
12/08/2023	Inspection Completed-Fire Safety: A
12/18/2023	Contact - Document Received request to change name of buildings, Amy Copeyon.
01/23/2024	Inspection Completed On-site
01/23/2024	Inspection Completed-BCAL Sub. Compliance
02/26/2024	Contact - Telephone call made. Area Manager Jerry Hendrick, LD Lisa Sikes, manager Marcia Curtiss re: slider barn bathroom doors.
02/26/2024	Contact - Telephone call received. Admissions, Nancy re: barn doors not latching, they slide and do not close to a latch.
03/06/2024	Contact - Document Sent Area Manager, J. Hendrick, and Jay Calewarts re: barn door sliding mechanism.
03/29/2024	Inspection Completed On-site
04/01/2024	Contact - Document Sent Consult with video to J. Hendrick re: bathroom barn doors. Video sent.
04/17/2024	Inspection Completed-BCAL Full Compliance

04/29/2024	Telephone call made. Ted Woodcock, City of Norton Shores re: zoning.
04/30/2024	Telephone call made, Ted Woodcock, City of Norton Shores re: zoning.
05/01/2024	Recommend License Issuance.
05/07/2024	License Issued.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This building is a newly built, ranch style facility in the City of Norton Shores. The building has 5 resident rooms on the east side of the building and another 5 resident rooms on the west side of the building. As you walk into the building, you enter a sitting area with a fireplace, on the other side of the fireplace is resident dining and off the resident dining room is an all-season living area. There is a large, open kitchen that spans the length of the dining and sitting rooms. Located on the East hallway there is a laundry room and linen storage. Located down the West hallway of the facility is the medication room, janitor closet, storage, and mechanical room. There is a guest/staff bathroom next to the administrators office inside the main lobby of the facility. Located at the end of the hallways, spanning across the back of the building are two full bathrooms for resident use and one shower room for resident use. Each of the 10 resident rooms have bathrooms inside the rooms and each hallway has a full bathroom for resident use. The facility is wheelchair accessible with 2 approved means of egress that exit level to the ground outside. The facility utilizes public water and sewer systems.

The gas furnace and hot water heater are located on the West side of the facility in a mechanical room with a 1-3/4-inch solid core door 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. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
301	6.08X9.50+16.33X9.42 Minus 9/wardrobe	203	2
302	5.90X3.08+10.25X18.83 Minus 9/wardrobe	202	2
303	5.92X3.0+18.75X10.25	201	2

	Minus 9/wardrobe		
304	2.92X5.92+10.33X18.75 Minus 9/wardrobe	202	2
305	3.08X5.92+10.25X18.75 Minus 9/wardrobe	201	2
306	3.0X5.92+18.75X10.33 Minus 9/wardrobe	202	2
307	3.08X5.92+10.33X18.75 Minus 9/wardrobe	203	2
308	6.0X3.08+10.25X18.83 Minus 9/wardrobe	202	2
309	3.0X5.92+10.25X18.83 Minus 9/wardrobe	202	2
310	9.50X6.17+9.33X16.33 Minus9/wardrobe	202	2

The living, dining, and sitting room areas measure a total of 1,016 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 **twenty** 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 **twenty** male or female ambulatory adults whose diagnosis is aged or physically impaired/handicapped, 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 resources and/or surrounding counties, 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 noted 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 CSM Norton Shores, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/19/2022. 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 members of CSM Norton Shores, L.L.C. have submitted documentation appointing Lisa Sikes as Licensee Designee for this facility and Christine Barton 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 20-bed facility is adequate and includes a minimum of 2 staff -to- 20 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, 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 to document the date and amount of the adult foster care service fee paid each month and all the residents' 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 issuance of a six-month temporary license to this adult foster care large group home (capacity 20).



05/07/2024

---

Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



05/07/2024

---

Jerry Hendrick  
Area Manager

Date