



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 20, 2025

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

RE: License #:	AL610418577 Harbor Homes Assisted Living 3 2689-A Vulcan St. Norton Shores, MI 49444
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Dear Ms. Wozniak:

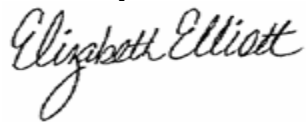
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 #:	AL610418577
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 3
Facility Address:	2689-A 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 ALZHEIMERS

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

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

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Chris Barton, Administrator

- 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 found to be in non-compliance with the following rules:

APPLICABLE RULE	
MCL 400.717	Provisional license
	(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act, or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.
ANALYSIS:	There are no residents in care upon the 6-month renewal inspection on 02/12/2025.
CONCLUSION:	VIOLATION ESTABLISHED

On 02/12/2025, I conducted an exit conference with Chris Barton, administrator. Ms. Barton stated she was made aware at the licensing of this facility that if no residents were in care at the 6-month renewal, a provisional license would be issued. Ms. Barton stated they are awaiting the installation of delayed egress magnetic doors in the facility prior to admitting residents requiring memory care.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



02/20/2025

Elizabeth Elliott
Licensing Consultant

Date