



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 #:	AL610418578 Harbor Homes Assisted Living 4 2689-B 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". The signature is written in black ink and is positioned below the word "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>	1435 Coit Ave. NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(231) 600-7188
<b>Licensee/Licensee Designee:</b>	Kimberly Wozniak, Designee
<b>Administrator:</b>	Christine Barton, Administrator
<b>Name of Facility:</b>	Harbor Homes Assisted Living 4
<b>Facility Address:</b>	2689-B Vulcan St. 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 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:
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<b>APPLICABLE RULE</b>	
<b>MCL 400.717</b>	<b>Provisional license</b>
	(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.
<b>ANALYSIS:</b>	There are no residents in care upon the 6-month renewal inspection on 02/12/2025.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

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