



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2025

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

RE: License #:	AL610418576 Harbor Homes Assisted Living 2 2649-B Vulcan St. Norton Shores, MI 49444
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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

License #:	AL610418576
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 2
Facility Address:	2649-B 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

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, 03/21/2025

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

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: C. Barton, Admin.

- 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 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).

A handwritten signature in black ink that reads "Elizabeth Elliott". The signature is written in a cursive style with a large, stylized "E" and "L".

04/08/2025

Elizabeth Elliott
Licensing Consultant

Date