



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2025

Laura Esese
ZURI COMMUNITIES LLC
3640 BRAMBLEBERRY DR NW
COMSTOCK PARK, MI 49321

RE: License #: AS410418894
NALA HOUSE AFC
342 43RD ST SE
GRAND RAPIDS, MI 49508

Dear Ms. Esese:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your

Please contact me with any questions. In the event that 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 "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #:	AS410418894
Licensee Name:	ZURI COMMUNITIES LLC
Licensee Address:	3640 BRAMBLEBERRY DR NW COMSTOCK PARK, MI 49321
Licensee Telephone #:	(616) 856-9191
Licensee Designee:	Laura Esese
Administrator:	Laura Esese
Name of Facility:	NALA HOUSE AFC
Facility Address:	342 43RD ST SE GRAND RAPIDS, MI 49508
Facility Telephone #:	(616) 698-9610
Original Issuance Date:	02/18/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/16/25

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

1

No. of residents interviewed and/or observed

N/A

No. of others interviewed

1

Role: Licensee Designee

- 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.
No residents present, meal service did not occur. Kitchen inspected.
- 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 substantial compliance with rules and requirements.

On 7/16/25, I completed an exit conference with Ms. Esese who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).

Cassandra Duursma

7/18/25

Cassandra Duursma
Licensing Consultant

Date