



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 6, 2026

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

RE: Application #: AS410420065
HENRIETTA HOUSE
4576 HAYWOOD DR SE
KENTWOOD, MI 49512

Dear Laura Esese:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that 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 "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

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410420065

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: HENRIETTA HOUSE

Facility Address: 4576 HAYWOOD DR SE
KENTWOOD, MI 49512

Facility Telephone #: (616) 284-8648

Application Date: 11/12/2025

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/12/2025	On-Line Enrollment
11/13/2025	PSOR on Address Completed
11/13/2025	File Transferred To Field Office
11/13/2025	Application Incomplete Letter Sent
12/26/2025	Application Incomplete Letter Sent See updated letter on SharePoint.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Henrietta House is a single-story home with a walkout basement located in a suburb of Kentwood. The main level of the home consists of a large living room, dining room, kitchen, communal full bathroom, communal half bathroom, one semi-private resident bedroom, two private resident bedrooms, and a laundry room. The lower level of the home consists of a communal full bathroom, large living room, two private resident bedrooms, one staff bedroom, the home's heat plant, and a small storage room. The lower level has appropriate means of egress. The facility is not barrier free or handicap accessible. The home utilizes public water and sewer systems.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs to the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'2 x 12'11	183	2
2	11'3 x 12'2	137	1
3	10'8 x 11'3	120	1
4	11'3 x 10'2	114	1
5	13'1 x 13'3	173	1
Staff	13'5 x 12'11	173	0

The upstairs living room and downstairs living room areas measure a total of 606 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 six 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 six female ambulatory residents with a diagnosis of mentally ill, developmentally disabled, and/or traumatic brain injury. The applicant intends to accept residents through contract placements and who are private pay individuals.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in the facility and in the community. Transportation will be provided as specified in the resident's Resident Care Agreement.

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.

C. Applicant and Administrator Qualifications

The applicant is ZURI COMMUNITIES LLC which was established in Michigan in 2024. 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 Board of Directors of ZURI COMMUNITIES LLC have submitted documentation appointing Laura Esese as Licensee Designee and Administrator of the home. 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 licensee designee and administrator are Laura Esese. Ms. Esese's education and experience has been confirmed. She has been successfully running multiple adult foster care homes since 2020, all of which are in good standing at the time of this license's issuance.

The staffing pattern for the original license is one direct care worker to six residents. 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 there will be one direct care staff awake during resident 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) 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 of 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 temporary license and special certification to this AFC adult small group home (capacity 6).

Cassandra Duursma

02/05/2026

Cassandra Duursma
Licensing Consultant

Date

Approved By:



02/06/2026

Jerry Hendrick
Area Manager

Date