



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 18, 2026

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

RE: License #: AS410419816
MOSES HOUSE
3640 Brambleberry Dr NW
Comstock Park, MI 49321

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 license and special certification are renewed. It is valid only at your present address and is nontransferable.

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,

Gene Coultr

Gene Coulter, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS410419816

Licensee Name: ZURI COMMUNITIES LLC

Licensee Address: 3640 BRAMBLEBERRY DR NW
COMSTOCK PARK, MI 49321

Licensee Telephone #: (616) 856-9191

Licensee/Licensee Designee: Laura Esese

Administrator: Laura Esese

Name of Facility: MOSES HOUSE

Facility Address: 3640 Brambleberry Dr NW
Comstock Park, MI 49321

Facility Telephone #: (616) 202-7849

Original Issuance Date: 11/21/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable:NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- 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

On 5/18/2026 an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home.

Gene Coulter

5/18/2026

Gene Coulter
Licensing Consultant

Date