GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 18, 2026

Christine LaDronka
Muskegon County-HealthWest
376 East Apple Ave.
Muskegon, MI 49442

RE: License #:	AM610418974 HealthWest CRU 1713 7th St Muskegon, MI 49441

Dear Ms. LaDronka:

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

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 #:	AM610418974
Licensee Name:	Muskegon County-Healthwest
Licensee Address:	376 East Apple Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 724-3628
Licensee/Licensee Designee:	Christine LaDronka, Designee
Administrator:	Christine LaDronka, Administrator
Name of Facility:	HealthWest CRU
Facility Address:	1713 7th St Muskegon, MI 49441
Facility Telephone #:	(231) 670-6138
Original Issuance Date:	03/23/2026
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/17/2026

Date of Bureau of Fire Services Inspection if applicable: 03/09/2026

Date of Health Authority Inspection if applicable: 08/17/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 3
No. of others interviewed 2 Role: B. Duff, D. Peterson

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  A review of resident medications and MAR was conducted.
- 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.
  The temperature gage failed to work at the time of the inspection, the water was tested at the original licensing inspection on 01/20/2026 and met the parameters of the applicable rule between 105-120 degrees Fahrenheit.
- 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? A review if the Workforce Background Check cite was conducted during this inspection. 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 with special certification (capacity 12).



08/18/2026

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Elizabeth Elliott Date
Licensing Consultant