



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 6, 2024

Joshua Parcher  
New Haven Assisted Living INC  
943 Virginia St. SE  
Grand Rapids, MI 49506

RE: License #: AL590407945  
**New Haven Assisted Living**  
**231 4th Street**  
**Lakeview, MI 48850**

Dear Mr. Parcher:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9730.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', with a large, stylized initial 'A'.

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL590407945
<b>Licensee Name:</b>	New Haven Assisted Living INC
<b>Licensee Address:</b>	943 Virginia St. SE Grand Rapids, MI 49506
<b>Licensee Telephone #:</b>	(616) 307-7719
<b>Licensee/Licensee Designee:</b>	Joshua Parcher, Designee
<b>Administrator:</b>	Joshua Parcher
<b>Name of Facility:</b>	New Haven Assisted Living
<b>Facility Address:</b>	231 4th Street Lakeview, MI 48850
<b>Facility Telephone #:</b>	(989) 287-6084
<b>Original Issuance Date:</b>	03/30/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/04/2024

Date of Bureau of Fire Services Inspection if applicable: 02/14/2024

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
No. of others interviewed 0 Role:

- 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 substantial compliance with rules and requirements.

**R 400.15205**

**Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

At the time of inspection, I reviewed four direct care worker's employee files. Direct care workers, Samantha Robins, Faydra Ward and Jennifer Stevens did not have completed annual health status reviews available for review for the year of 2023/2024.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/06/2024

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Amanda Blasius  
Licensing Consultant

Date