



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 15, 2025

Mugisha Jacques  
NEW PALACE LIVING AFC LLC  
1433 Houseman AVE NE  
Grand Rapids, MI 49505

RE: License #: AS410419079  
**NEW PALACE LIVING AFC**  
**1433 Houseman Ave NE**  
**Grand Rapids, MI 49505**

Dear Mr. Jacques:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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.

**FOR CDC ONLY**

Per MCL 722.113g, this report must be filed in your licensing notebook.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410419079
<b>Licensee Name:</b>	NEW PALACE LIVING AFC LLC
<b>Licensee Address:</b>	1433 Houseman AVE NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 589-6921
<b>Administrator/Licensee Designee:</b>	Mugisha Jacques, Designee
<b>Name of Facility:</b>	NEW PALACE LIVING AFC
<b>Facility Address:</b>	1433 Houseman Ave NE Grand Rapids, MI 49505
<b>Facility Telephone #:</b>	(616) 589-6921
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## **II. Purpose of Addendum**

The licensee designee, Mugisha Jacques, has requested to add the gender of female to the licensing terms.

## **III. Methodology**

08/15/2025 I received an email containing a modification of the licensing terms request from licensee designee Mugisha Jacques.

## **IV. Description of Findings and Conclusions**

I completed a file review for the facility and determined that the licensee designee has the required work experience with the additional population to justify modification of the current terms.

## **V. Recommendation**

I recommend the proposed modification request be approved. The facility may provide care to both genders, males and females.



08/15/2025

---

Toya Zylstra  
Licensing Consultant

Date