



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 12, 2025

Jennifer Letcher
Parkview AFC Home Nonprofit Corp
Board Agent
214 E Central Avenue
Zeeland, MI 49464

RE: License #:	AM700009416 Parkview AFC Home 214 E Central Avenue Zeeland, MI 49464
----------------	---

Dear Mrs. Letcher:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license 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, 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 #:	AM700009416
Licensee Name:	Parkview AFC Home Nonprofit Corp
Licensee Address:	Board Agent 214 E Central Avenue Zeeland, MI 49464
Licensee Telephone #:	(616) 772-4424
Licensee/Licensee Designee:	Jennifer Letcher, Designee
Administrator:	Jennifer Letcher, Administrator
Name of Facility:	Parkview AFC Home
Facility Address:	214 E Central Avenue Zeeland, MI 49464
Facility Telephone #:	(616) 772-4424
Original Issuance Date:	09/26/1986
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2025

Date of Bureau of Fire Services Inspection if applicable: 11/26/2024, 12/13/2024

Date of Health Authority Inspection if applicable: 09/09/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: J. Letcher, LD/Admin.

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, resident medications were not being administered.
A review of the 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.
- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend the issuance of a 2-year regular adult foster care license (Capacity 12).



09/12/2025

Elizabeth Elliott
Licensing Consultant

Date