



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 14, 2025

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

RE: Application #: AL410418068
New Haven Assisted Living of Comstock 2
155 7 Mile Rd
Comstock Park, MI 49321

Dear Mr. Parcher:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410418068

Licensee Name: New Haven Assisted Living INC

Licensee Address: 943 Virginia St. SE
Grand Rapids, MI 49506

Licensee Telephone #: (616) 307-7719

Administrator/Licensee Designee: Joshua Parcher

Name of Facility: New Haven Assisted Living Of Comstock 2

Facility Address: 155 7 Mile Rd
Comstock Park, MI 49321

Facility Telephone #: (616) 784-1262

Application Date: 11/22/2023

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODOLOGY

11/22/2023	On-Line Enrollment
11/27/2023	Inspection Report Requested - Health Inv # 1034084
11/27/2023	Inspection Report Requested - Fire
11/27/2023	Contact - Document Sent Fire safety
11/27/2023	Contact - Document Sent
12/13/2023	Comment EHI D rating
04/11/2024	Contact - Document Sent 2nd request letter sent
04/11/2024	File Transferred To Field Office
05/15/2024	Application Incomplete Letter Sent
11/06/2024	Inspection Completed-Env. Health : A
01/11/2025	Application Incomplete Letter Sent
10/02/2025	Inspection Completed-Fire Safety : A
10/07/2025	Application Complete/On-site Needed
10/07/2025	Inspection Completed On-site
10/07/2025	Contact – Telephone Call Made Phil Scheer-Fire Inspector
10/10/2025	Contact – Telephone Call Made Jerry Hendrick
10/13/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The New Haven of Comstock Building 2 is a cinderblock built structure which was originally utilized as a school. It is located within Alpine Township in Kent County

Michigan, north of Grand Rapids. New Haven of Comstock is half of a twin-20 design. As you walk in the front door you enter a hallway which opens up to a large common area. The resident bedrooms, bathrooms, utility room, office, and kitchen are around the perimeter of the common area. The kitchen will be utilized to prepare food for both homes. The double fire doors at the far end of the home separate Building 1 from Building 2. It is the secondary exit, approved by the Fire Marshall.

The home is wheelchair accessible. The home utilizes public city water and a private septic system.

The gas furnace is located on the roof of the facility. The hot water heating system is located in a utility room accessed from the outside of the home. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.92 x 10.6	158.2	2
2	12.42 x 12.75	158.4	2
3	7.08 x 10.92 8 x 13	181.3	2
4	18.75 x 10.42	195.4	2
5	10.42 x 18.75	195.4	2
6	9.75 x 23.58	230	2
7	15.92 x 11.08 6.17 x 8.58	229.3	2
8	14.17 x 11	155.87	2
9	10.92 x 13.5	147.4	2
10	11 x 13.58	149.4	1
11	11 x 13.58	149.4	1

The living, dining, and sitting room areas measure a total of 1,213 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male or female ambulatory adults whose diagnosis is aged, in the least restrictive

environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is a corporation which has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statement submitted to operate the adult foster care facility and current status as an active large AFC facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff -to- residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

