GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 6, 2026

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

RE: Application #: AL590418904
New Haven Assisted Living Of Carson City
423 E Main St
Carson City, MI 48838

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 (517) 335-5985.

Sincerely,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL590418904
Licensee Name:	New Haven Assisted Living INC
Licensee Address:	943 Virginia St. SE Grand Rapids, MI 49506
Licensee Telephone #:	(616) 307-7719
Licensee Designee:	Joshua Parcher
Administrator:	Joshua Parcher
Name of Facility:	New Haven Assisted Living Of Carson City
Facility Address:	423 E Main St Carson City, MI 48838
Facility Telephone #:	(616) 295-1576
Application Date:	10/14/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

10/14/2024	On-Line Enrollment
10/15/2024	PSOR on Address Completed
10/15/2024	Contact - Document Sent Fire Safety Letter sent
10/15/2024	File Transferred To Field Office
10/16/2024	Application Incomplete Letter Sent
02/05/2025	Email follow up to Licensee designee
02/07/2025	Paperwork received.
05/22/2025	Follow up email sent regarding paperwork still needed.
10/07/2025	Follow up email sent regarding moving forward in licensing process.
11/12/2025	Paperwork received.
11/26/2025	Paperwork received.
12/26/2025	Email sent regarding corrections needed on paperwork
03/13/2026	Inspection Completed: Fire Safety: A
03/31/2026	Paperwork received.
04/06/2026	Email contact regarding scheduling.
04/10/2026	Application Complete/On-site Needed
04/16/2026	Inspection Completed On-site
04/16/2026	Inspection Completed: Env. Health: A
04/16/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

New Haven Assisted Living of Carson City is located within the city limits of Carson City on the main road. The home is located within walking distance to downtown Carson City and is across the street from the hospital. Downtown Carson City offers local shopping,

gas stations and restaurants. Many churches and doctor offices are within a few minutes from the home. New Haven Assisted Living of Carson City offers a large parking lot, with additional parking space for staff to park behind the home.

Due to the facility's location, it utilizes both public water and sewage system. During the onsite inspection, I found the facility to in full compliance with applicable environmental health rules.

The building for New Haven Assisted Living of Carson City was bought by Ella Endeavors LLC. On the closing documents, licensee designee Joshua Parcher is listed, along with additional owner Mike Dykstra. A copy of the closing documents for the purchase of 423 E. Main St. Carson City is on file. New Haven Assisted Living of Carson City is operated under the New Haven Assisted Living INC, which is owned by Mike Dykstra. A document stating that Ella Endeavors LLC gave permission for New Haven Assisted Living INC and its employees to operate 423 E. Main St. Carson City as an adult foster home was received and is on file. On 11/12/2025, Ella Endeavors provided written permission for AFC licensing to inspect the facility.

Zoning approval, dated April 23rd, 2026, was submitted by the applicant documenting City of Carson City Council permitting the facility to operate as an adult foster home via a signed letter from the City of Carson City.

The facility is a ranch style, one level building. The AFC home was previously a doctor's office, which was converted into an adult foster home. The primary entrance for the home is located off from the parking lot, which offers an entrance at grade level and two double doors. The home offers two additional wheelchair exits, one on the same side as the main entrance, and an additional exit at the other end of the home. The third exit offers a wheelchair ramp that leads to the sidewalk and around to the front of the home. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

Upon entering New Haven Assisted Living of Carson City is a large common room that will be used for resident dining and as a living room. I viewed five dining room tables that seat four residents each. The dining area is large, which allows space for residents to navigate freely with or without assistive devices. Off from the dining area is a full bathroom for residents' use. The living room contains a couch, love seat and TV for resident recreation. From the main resident living room there are four single resident bedrooms and a staff office. A hallway off from the living room leads to a large commercial kitchen. When continuing past the kitchen, on the left of the hallway are three semi-private resident bedrooms that each will have two residents per bedroom. On the right of the hallway is another full resident bathroom, with a wheelchair accessible shower. Next to the bathroom is the laundry room which contains three washers and three gas dryers. At the end of the hallway is a half bathroom for residents and another semi-private resident bedroom which will have two residents. Off from the first hallway is a second hallway that heads south. This hallway leads to the stairs for

the basement, a back entrance that will only be used by staff members, and a full bathroom for resident use, with a wheelchair accessible shower. The basement of the home is not for resident use, is not finished and is used for storage and utilities.

Past the stairs to the basement the hallway continues south and leads to an additional six resident bedrooms, an additional full bathroom, with a wheelchair accessible shower and the second resident living room. The second resident living room contains a couch, chair and TV. The third wheelchair accessible exit is located off from the second resident living room.

The gas furnace and two gas hot water heaters are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. A furnace inspection was completed on 3/10/26 by Sunrise Heating and Plumbing, which reported that all furnaces and AC units are in good working condition.

The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout. The Bureau of Fire Services conducted an inspection of the facility on 03/13/2026 and determined the facility to be in substantial compliance with fire safety standards. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 X 9'9"	98 square feet	1
2	10 X 9'9"	98 square feet	1
3	10 X 9'9"	98 square feet	1
4	10 X 9'9"	98 square feet	1
5	12'9" X 13'7"	173 square feet	2
6	12'9" X 13'7"	173 square feet	2
7	15'3" X 12'9"	194 square feet	2
8	16'4" X 11'10"	193 square feet	2
9	9'10" X 11'4"	111 square feet	1
10	9'1" X 10'3"	93 square feet	1
11	11'3" X 10'7"	119 square feet	1
12	10'4" X 12'1"	125 square feet	1
13	14'3" X 11'3"	160 square feet	2
14	12'3" X 11'3"	138 square feet	2

The living, dining, and sitting room areas measure a total of 1,904 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male and/or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, mentally illness, aged, physically handicapped, and/or Alzheimer's disease in the least restrictive environment possible.

New Haven Assisted Living of Carson City will provide excellent and individually crafted care to each resident. They will serve individuals with challenges associated with age, Alzheimer's disease, developmental disabilities, and various physical and mental illnesses. Their goal is to provide a comfortable family-like atmosphere where care is excellent and independence and contribution to society is facilitated and strongly encouraged. New Haven Assisted Living of Carson City feels that every resident is unique and wants each resident to excel by giving residents a full and dignified life while living at the facility. The home has activities provided such as games, trips to the park and shopping, sports and are based on the resident's abilities. Memory Care is also provided as needed.

At New Haven Assisted Living of Carson City, the applicant stated direct care staff will be trained to provide care for residents at different stages of dementia/Alzheimer's disease. Recognizing each resident with Alzheimer's disease as unique individuals, the applicant plans to create a secure, familiar environment by utilizing verbal and nonverbal communication techniques, including clear and simple language, patience, and observation of body language. The applicant plans to provide training to direct care staff, so direct care staff can recognize that behaviors are often a form of communication, reflecting unmet needs or discomfort. New Haven Assisted Living staff are trained to handle different stages of dementia/Alzheimer's, along with working closely with health professionals to create a care plan unique to each resident. New Haven Assisted Living of Carson City provide residents with dementia/Alzheimer's with specialized activities that focus more on simple tasks. They also provide many self-calming items such as busy boards, and sensory items that provide a calming effect on the individual. New Haven Assisted Living of Carson City also sustain a consistent routine and schedule for residents that help residents keep a consistent schedule throughout the day.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the *Assessment Plan for AFC Residents* for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, private pay individuals, Adult Protective Services and Medicaid waiver as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the *Resident Care Agreement*, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is New Haven Assisted Living INC, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 12/17/2020. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of New Haven Assisted Living INC L.L.C. have submitted documentation appointing Joshua Parcher as Licensee Designee and administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee Joshua Parcher. Licensee designee, Joshua Parcher submitted a medical clearance with a statement from a physician documenting Mr. Parchers good health, dated 11/19/2025. Mr. Parcher has a baseline screening for communicable diseases and records of illness on file along with a negative TB test dated 11/19/2025.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Parcher is the licensee designee for seven additional licensed adult foster homes and has been in this role since 2021. The applicant has several years of experience as an adult foster care licensee with direct care experience serving individuals with mental illness, developmentally disabilities, aged, Alzheimer’s and physically handicapped. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 1 staff –to- 10 residents per day shift and 1 staff- to 14 residents

during sleeping hours. 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 (ensure this matches their program statement).

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 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 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 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 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all 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 rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home with a maximum capacity of 20 residents.

04/22/2026

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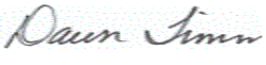
Amanda Blasius Date
Licensing Consultant

Approved By:



04/28/2026

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Dawn N. Timm Date
Area Manager