



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 28, 2022

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

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

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL590407945

**Licensee Name:** New Haven Assisted Living INC

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

**Licensee Telephone #:** (616) 690-7973

**Licensee Designee:** Joshua Parcher

**Administrator:** Joshua Parcher

**Name of Facility:** New Haven Assisted Living

**Facility Address:** 231 4th Street  
Lakeview, MI 48850

**Facility Telephone #:** (616) 690-7973  
04/06/2021

**Application Date:**

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODOLOGY

04/06/2021	On-Line Application Incomplete Letter Sent 1326 & RI030 for Josh & AFC100 for Admin
04/06/2021	On-Line Enrollment
04/08/2021	Inspection Report Requested - Fire
04/08/2021	Contact - Document Sent 1326, RI030, AFC100 & Fire Safety String
08/11/2021	Contact - Document Received 1326 & RI030 for Joshua
10/21/2021	Application Incomplete Letter Sent
03/10/2022	Inspection Completed-Fire Safety: A
03/24/2022	Application Complete/On-site Needed
03/24/2022	Inspection Completed On-site
03/24/2022	Inspection Completed-BCAL Full Compliance
03/24/2022	Inspection Completed- Env. Health: A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

New Haven Assisted Living is a hand cut stone ranch home located in the Village of Lakeview, Michigan, in Montcalm County with beautiful views of Lake Tamarack from many of the facilities windows. The home is built on a cement slab with four means of egress each at ground level making this home wheelchair accessible. One of the means of egress is in a resident's bedroom leading to a sidewalk and the other three are throughout the home exiting onto sidewalks at grade. The facility has plenty of parking for friends and family to use while visiting. The home has an open floor plan with the main living area including a living room, dining room and kitchen. The home has a second kitchen area. The home has 13 total resident bedrooms with seven bedrooms being semi-private and six bedrooms being private. There are three full bathrooms, two with bathtub showers and one with a barrier free shower. Four of the private bedrooms each have a full private bathroom. The home utilizes public water supply and sewage disposal system but was inspected by this consultant and met all applicable environmental health rules.

The home is heated with natural gas forced air and is air conditioned. The home has two laundry areas, two hot water heaters, and three furnaces. The three furnaces are located in the attic of the home and the hot waters heaters are in a closet of their own

on the main level of the home. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is also fully sprinkled. The facility was determined by the Bureau of Fire Services on March 10, 2022 to be in substantial compliance with the applicable fire safety administrative rules. This includes being in compliance with rules pertaining to furnace and water heater locations and working conditions.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	9'11" X 14'3"	130.2 sq. ft	2 Beds
#2	12'4 X 9'	111.6 sq. ft	1 Bed
#3	14' X 13'10"	183.4 sq. ft	2 Beds
#4	14'8" X 19'8"	293 sq. ft	2 Beds
#5	8'9" X 13'3"	118.3 sq. ft	1 Bed
#6	18'4" X 13'9"	255.7 sq. ft	2 Beds
#7	19'5" X 13'3"	259.35 sq. ft	2 Beds
#8	14'8" X 19'9"	295.5 sq. ft	2 Beds
#9	12'4" X 10'7" Private Bathroom and Egress out of building	132.6 sq. ft	1 Bed
#10	12'4" X 10'7" Private Bathroom	132.6 sq. ft	1 Bed
#11	12'4" X 10'7" Private Bathroom	132.6 sq. ft	1 Bed
#12	12'4" X 14'	176.3 sq. ft	2 Bed
#13	9'8 X 14' Private Bathroom	137.2 sq. ft	1 Bed
Living/Dining Room	20'1" X 46'	924.6 sq. ft	

The indoor living and dining areas measure a total of 924.6 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 20 male and/or female residents who are aged, physically handicapped, mentally ill, and developmentally disabled. The program will include social interaction through community events; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from CMH, Veterans Administration, and Waiver Program or residents with private sources for payment.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including, public wellness center next door, local parks, beautiful public library, restaurants, bowling alley, stores/shops, and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is New Haven Assisted Living, Inc., a "For Profit Corporation", established in Michigan on 12/17/2020. 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 Board of Directors of New Haven Assisted Living, Inc. has submitted documentation appointing Joshua Parcher as licensee designee and administrator for this facility.

Criminal history background checks of Mr. Joshua Parcher were completed and he was determined to be of good moral character to provide licensed adult foster care. Mr. Parcher also submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Joshua Parcher has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Parcher has completed high school, was a Certified Nurses Aid in a nursing home setting for 9 years which enabled Mr. Parcher to provide direct care to resident who were physically handicapped, developmentally delayed, mentally ill, and aged. Mr. Parcher has completed the required training for licensed AFC homes through Montcalm Care Network. Mr. Parcher is Serv Safe Certified for food service and has current CPR/First Aid Certification.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased/increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledges the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged 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 capacity 20.

*Bridget Vermeesch*

03/24/2022

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

03/28/2022

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Dawn N. Timm  
Area Manager

Date