



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 28, 2022

Anthony Parker  
New Hope Assisted Living, LLC  
702 E. Remus Road  
Mt. Pleasant, MI 48858

RE: License #: AM370304806  
**New Hope Assisted Living, LLC**  
**702 E. Remus Road**  
**Mt. Pleasant, MI 48858**

Dear Mr. Parker:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
  - Please submit the remaining 14 hours of training within 60 days.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AM370304806

**Licensee Name:** New Hope Assisted Living, LLC

**Licensee Address:** 702 E. Remus Road  
Mt. Pleasant, MI 48858

**Licensee Telephone #:** (989) 621-2677

**Licensee Designee:** Anthony Parker

**Administrator:** Anthony Parker

**Name of Facility:** New Hope Assisted Living, LLC

**Facility Address:** 702 E. Remus Road  
Mt. Pleasant, MI 48858

**Facility Telephone #:** (989) 779-1477

**Original Issuance Date:** 04/03/2012

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/28/2022

Date of Bureau of Fire Services Inspection if applicable: 04/11/2022

Date of Health Authority Inspection if applicable: 05/31/2022

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 found to be in non-compliance with the following rules:

**R 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

Licensee designee Anthony Parker did not complete all training hours required. He completed a total of 18 hours leaving him short 14 hours.

**REPEAT VIOLATION ESTABLISHED. [SEE LSR DATED 8/13/2020 AND CAP DATED 8/13/2020].**

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident A and E did not have an updated Health Care Appraisal for 2021.

Resident C did not have a health care appraisal done within 30 days of moving in.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Residents A, D, and E did not have an Assessment Plan for AFC Residents for 2021.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A, D, and E did not have an updated Resident Care Agreement for 2021.

A corrective action plan was requested and approved on 09/28/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



\_\_\_\_\_  
Jennifer Browning  
Licensing Consultant

9/28/2022

\_\_\_\_\_  
Date