



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

May 9, 2023

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

RE: Application #: AL410413568  
New Haven Assisted Living of Cedar Springs  
270 West Street  
Cedar Springs, MI 49319

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 cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor,  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410413568
<b>Applicant Name:</b>	New Haven Assisted Living INC
<b>Applicant Address:</b>	943 Virginia St. SE Grand Rapids, MI 49506
<b>Applicant Telephone #:</b>	(616) 302-6899
<b>Administrator/Licensee Designee:</b>	Joshua Parcher, Designee
<b>Name of Facility:</b>	New Haven Assisted Living of Cedar Springs
<b>Facility Address:</b>	270 West Street Cedar Springs, MI 49319
<b>Facility Telephone #:</b>	(616) 263-9029
<b>Application Date:</b>	07/28/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, ALZHEIMERS, AGED

## II. METHODOLOGY

07/28/2022	Enrollment
07/28/2022	Application Incomplete Letter Sent Updated 1326/RI 030 for Joshua Parcher
07/28/2022	Inspection Report Requested - Fire Emailed to BFS
07/28/2022	Contact - Document Sent Fire Safety String to applicant
07/29/2022	Contact - Document Received 1326/RI 030 for Joshua Parcher (referred to Candace)
08/05/2022	PSOR on Address Completed
08/22/2022	File Transferred To Field Office Via SharePoint
08/26/2022	Application Incomplete Letter Sent
03/06/2023	Contact - Document Received Received email with attachments of supporting documents for the AFC license.
03/08/2023	Contact - Document Received Received supporting documents for the AFC license.
03/21/2023	Inspection Completed-Fire Safety : A
03/22/2023	Contact - Document Received Supporting documents received for the AFC License.
04/19/2023	Inspection Completed On-site
04/18/2023	Received application for Special Certification.
04/20/2023	Contact - Document Received Supporting documents received.
05/02/2023	Contact -Document Received Commercial Building Permit and Certificate of Occupancy.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a ranch style home, all on one floor, and is located in the city of Cedar Springs. The home was originally a dance studio and day care. They have added an addition and fully remodeled the entire facility. The facility has a dining room, kitchen, laundry room, living room, 3 full bathroom, office, and 14 resident bedrooms all located on the main floor. Two resident bedrooms have their own full bathroom. The facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps on the first and only floor. The home will utilize public water public sewage system.

The gas furnace is room located under the facility. The hot water heater is located on the first floor in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled, system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12' 2" x 9' 11"	120.7	1
#2	16' 5" x 12' 9"	209.35	1 or 2
#3	15' 8" x 9' 11"	156.7	1 or 2
#4	12' 1" x 18' 1"	230.4	1 or 2
#5	10' 11" x 13' 7"	148.29	1 or 2
#6	13' 6" x 11' 6"	155.25	1 or 2
#7	13' 5" x 10' 11"	146.5	1 or 2
#8	13' 5" x 10' 11"	146.5	1 or 2
#9	12' 11" x 10' 11"	141.0864	1 or 2
#10	11' 9" x 8' 4"	97.8775	1
#11	11' 9" x 8' 4"	97.8775	1
#12	11' 9" x 8' 4"	97.8775	1
#13	11' 9" x 8' 4"	97.8775	1
#14	11' 9" x 8' 4"	97.9775	1

The living, and dining room areas measure a total of 1,143.76 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 20 male or female with/or without physical disabilities adults, whose diagnosis is developmentally disabled or mentally impaired, Alzheimer's and 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. The applicant intends to accept residents from surrounding counties of Montcalm, and Kent, County-Department of Health and Human Service, County CMH's, or private pay individuals as a referral source. They have contracted with Montcalm Care Network, Area Agency on Aging and Reliance Community Partners.

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 at a cost. 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. The Licensee Designee has applied for Special Certification.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the budget statement submitted to operate the adult foster care facility.

The applicant is New Haven Assisted Living, Inc., which is a "For Profit Corporation" and was 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. This corporation has an Operating Agreement/leasing for the facility from Ella Endeavors LLC.

The Board of Directors of New Haven Assisted Living, Inc. have submitted documentation appointing Joshua Parcher as Licensee Designee/Administrator for this facility.

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

The licensee designee/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-20 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](http://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 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.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

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

*Arlene B. Smith*

05/09/2023

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Arlene B. Smith, MSW  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

05/09/2023

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Jerry Hendrick  
Area Manager

Date