



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 5, 2023

Jennifer Letcher  
Parkview AFC Home Nonprofit Corp  
Board Agent  
214 E Central Avenue  
Zeeland, MI 49464

RE: License #:	AM700009416 Parkview AFC Home 214 E Central Avenue Zeeland, MI 49464
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Dear Mrs. Letcher:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM700009416
<b>Licensee Name:</b>	Parkview AFC Home Nonprofit Corp
<b>Licensee Address:</b>	Board Agent 214 E Central Avenue Zeeland, MI 49464
<b>Licensee Telephone #:</b>	(616) 772-4424
<b>Licensee/Licensee Designee:</b>	Jennifer Letcher, Designee
<b>Administrator:</b>	Jennifer Letcher, Administrator
<b>Name of Facility:</b>	Parkview AFC Home
<b>Facility Address:</b>	214 E Central Avenue Zeeland, MI 49464
<b>Facility Telephone #:</b>	(616) 772-4424
<b>Original Issuance Date:</b>	09/26/1986
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/30/2023

Date of Bureau of Fire Services Inspection if applicable: 10/31/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: J.Letcher, LD/Admin.

- Medication pass / simulated pass observed? Yes  No  If no, explain. at the time of the inspection, residents were not in the facility.
- 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.
- 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: Resident Funds I&II in resident files. 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 determined to be in compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (Capacity 12).



09/05/2023

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Elizabeth Elliott  
Licensing Consultant

Date