



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 5, 2025

Mugisha Jacques
NEW PALACE LIVING AFC LLC
1433 Houseman AVE NE
Grand Rapids, MI 49505

RE: Application #: AS410419079
NEW PALACE LIVING AFC
1433 Houseman Ave NE
Grand Rapids, MI 49505

Dear Mr. Jacques:

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 5 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, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419079
Licensee Name:	NEW PALACE LIVING AFC LLC
Licensee Address:	1433 Houseman AVE NE Grand Rapids, MI 49505
Licensee Telephone #:	(616) 589-6921
Administrator/Licensee Designee:	Mugisha Jacques, Designee
Name of Facility:	NEW PALACE LIVING AFC
Facility Address:	1433 Houseman Ave NE Grand Rapids, MI 49505
Facility Telephone #:	(616) 589-6921
Application Date:	12/24/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/24/2024	On-Line Enrollment
12/26/2024	PSOR on Address Completed
12/26/2024	Contact - Document Sent forms sent
01/07/2025	Contact - Document Received EIN correction and 1326/RI030
01/08/2025	File Transferred To Field Office
01/14/2025	Application Incomplete Letter Sent
04/01/2025	Application Complete/OFS Needed
04/01/2025	SC-Application Received - Original
04/22/2025	Inspection Completed On-site
04/22/2025	Inspection Completed-BCAL Full Compliance
04/22/2025	Inspection Completed-Env. Health : A
04/22/2025	Inspection Completed-Fire Safety : A
04/22/2025	Exit Conference
04/22/2025	SC-Inspection Completed On-Site
04/22/2025	SC-Inspection Full Compliance
04/30/2025	Contact - Document Received Licensee requested a name change from New Palance Living AFC LLC to New Palace Living AFC
05/05/2025	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The one story five bed facility sits in an urban neighborhood. The facility is a wood framed structure, located in the city of Grand Rapids. The facility is on one level and is not wheelchair accessible. The facility has three means of egress. The facility consists of a kitchen, dining room, living area, staff office, full bathroom, and four resident bedrooms. Two of the residents' bedrooms lack a permanent closet and thus wardrobes

measuring 3.58 x 1.5 are provided. The facility has an unattached garage and ample parking space. The facility will utilize public water and sewage.

The hot water heater is located on the lower level and floor separation is constructed of materials that provide a 1 hour-fire-resistance with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware, in a fully stopped frame. The heat plant is located in the attic of the facility. 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. There is at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.33 x 12.08	107.33 including wardrobe	1
2	8.75 x 11.42	94.55 including wardrobe	1
3	11.58 x 9.17	106.18	1
4	9.08 x 19.17	174	2

The living and dining areas contain a total of 285 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 five residents. It is the licensee's responsibility not to exceed the facility's license 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 five male residents that are aged 18-80 years old and that are diagnosed as mentally ill and/or developmentally disabled. 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 as necessary.

The licensee will provide transportation for all residents' needs. 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.

C. Applicant and Administrator Qualifications

The applicant is NEW PALACE LIVING AFC LLC and it is a domestic corporation. The corporation was established in Michigan, on 12/13/2024. 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.

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

The licensee designee and 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 5-bed facility is adequate and includes a minimum of 1 staff -to- 5 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) 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. The Licensee does not plan to manage any of the resident's, personal monies.

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 is in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend the issuance of a temporary license to this AFC adult small group home (capacity 5).



05/05/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:



05/05/2025

Jerry Hendrick
Area Manager

Date