



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 15, 2025

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

RE: Application #: AM410418903  
New Haven Assisted Living Of Belmont 2  
7555 Chandler Dr Ste 2  
Belmont, MI 49306

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 12 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 blue ink, 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**

<b>License #:</b>	AM410418903
<b>Licensee Name:</b>	New Haven Assisted Living INC
<b>Licensee Address:</b>	943 Virginia St. SE Grand Rapids, MI 49506
<b>Licensee Telephone #:</b>	(616) 307-7719
<b>Administrator/Licensee Designee:</b>	Joshua Parcher, Designee
<b>Name of Facility:</b>	New Haven Assisted Living Of Belmont 2
<b>Facility Address:</b>	7555 Chandler Dr Ste 2 Belmont, MI 49306
<b>Facility Telephone #:</b>	(616) 295-1576
<b>Application Date:</b>	10/14/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

10/14/2024	On-Line Enrollment
10/15/2024	PSOR on Address Completed
10/15/2024	Contact - Document Sent Fire Safety Letter
10/15/2024	File Transferred To Field Office
10/17/2024	Application Incomplete Letter Sent
11/15/2024	Inspection Report Requested - Health Inv 1034732
04/22/2025	Inspection Report Requested - Fire
07/02/2025	Inspection Completed-Fire Safety : A
07/11/2025	Inspection Completed On-site
07/11/2025	Inspection Completed-BCAL Full Compliance
08/01/2025	Application Complete/On-site Needed
08/15/2025	Exit Conference

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This ranch style home is located at 7555 Chandler Dr. NE Ste 2, Belmont, Michigan, 49306, in the county of Kent. The facility is owned by New Haven Assisted Living INC and is located in the finished lower level of the building. The facility is in a rural area and there is a detached garage that is primarily used for storage. The facility has seven bedrooms, two bathrooms, kitchen, dining area, and living room. There are handrails where required. This facility utilizes private sewer and public water systems. The home has a professionally installed sprinkler system for fires. The home has approved wheelchair ramps at both primary means of egress.

The washer and dryer are located in a separate room of the facility. The two furnaces and hot water heater are located in separate enclosed rooms and are equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on 07/02/2025 and worked properly. 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.

The washer and dryer are located in a separate room located on the main floor of the facility.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 07/02/2025 and worked properly. There are at least two 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.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.33 x 11.83	158	2
2	9.92 x 9.50	94	1
3	11.66 x 9.58	112	1
4	12.25 x 11.75	144	2
5	12.83 x 10.83	139	2
6	11.50 x 13.33	153	2
7	13'4 x 11' 10	150 (minus 8 ft for two wardrobes)	2

Total Capacity: 12

The living and dining room areas measure a total of 594 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 **twelve**

male and/or female adults aged 18 years and older, who may be diagnosed with a developmentally disability, physical handicap, mental impairment, aged, and/or Alzheimer's in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. The home is fitted with approved wheelchair ramps and has 36-inch door widths to accommodate wheelchair accessibility throughout the home.

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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

New Haven Assisted Living INC will provide transportation to residents.

### **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. The Board of Directors of New Haven Assisted Living, Inc. has 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 has 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 12-bed facility is adequate and includes a minimum of 2 staff to 12 residents during waking hours and 1 staff to 12 residents during sleeping hours 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 residents' 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 medium group home (capacity12).



08/15/2025

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



08/15/2025

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Jerry Hendrick  
Area Manager

Date