



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 18, 2018

Achal Patel
Divine Nest Assisted Living, LLC
2045 Birch Bluff Dr
Okemos, MI 48864

RE: Application #: AL330387563
Divine Nest Assisted Living, LLC
4887 Hull Road
Leslie, MI 49251

Dear Mr. Patel:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL330387563
Licensee Name:	Divine Nest Assisted Living, LLC
Licensee Address:	4879 Country Ln Jackson, MI 49201
Licensee Telephone #:	(517) 898-2431
Licensee Designee:	Achal Patel
Administrator:	Shradhdey Patel
Name of Facility:	Divine Nest Assisted Living, LLC
Facility Address:	4887 Hull Road Leslie, MI 49251
Facility Telephone #:	(517) 898-2431
Application Date:	03/24/2017
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/24/2017	On-Line Enrollment
03/24/2017	Inspection Report Requested - Health Inv. #1026765
03/24/2017	Contact - Document Sent Fire Safety String
03/24/2017	Contact - Document Sent Rule & Act booklets
03/24/2017	Application Incomplete Letter Sent
05/09/2017	Comment
05/10/2017	Contact - Document Received
06/01/2017	Application Incomplete Letter Sent
07/13/2018	Application Complete/On-site Needed
08/03/2018	Inspection Completed-Env. Health: A
08/29/2018	Inspection Completed: Fire Safety: A
08/30/2018	Inspection Completed On-site
09/04/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Divine Nest Assisted Living, LLC is a large, ranch style facility located in the small, rural city of Leslie, Michigan. The main floor of the facility has a living room area, a visiting living room area, salon, laundry room, dining room, kitchen, two full bathrooms, a shower room, twenty single occupancy rooms with half bathrooms (toilet and sink), for twenty residents. The home is wheelchair accessible and has three approved means of egress that are at grade to include the main entrance and the north and south entrance at each wing of the facility. Each of the three entrances have a key pad that requires a passcode for entrance. The two doors at the north and south wings of the facility have delayed egress; depressing the push pad initiates an alarm and an irreversible 15-second delay before the magnetic lock releases, allowing exit through the door.

The home has an unfinished basement that is not accessible to residents. There are three gas furnaces and one boiler all of which are in the basement of the home. The heat plant entrance is equipped with a 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. On August 29, 2018, the facility was determined by the Bureau of Fire Services to be in compliance with all the applicable fire safety administrative rules. The home utilizes private water supply and sewage disposal system. On August 3, 2018, the local environmental mental health authority conducted an inspection and found the home to be in full compliance with all applicable administrative rules.

Rooms were measured during the on-site inspection on August 30, 2018, and the following dimensions were documented:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9" x 18'	211.5 square feet	1
2	11'9" x 18'	211.5 square feet	1
3	11'9" x 18'	211.5 square feet	1
4	11'9" x 18'	211.5 square feet	1
5	11'9" x 18'	211.5 square feet	1
6	11'9" x 18'	211.5 square feet	1
7	11'9" x 18'	211.5 square feet	1
8	11'9" x 18'	211.5 square feet	1
9	15'10" x 18'	285 square feet	1 (2 if married couple)
10	15'10" x 18'	285 square feet	1 (2 if married couple)
11	15'10" x 18'	285 square feet	1 (2 if married couple)
12	15'10" x 18'	285 square feet	1 (2 if married couple)
13	11'9" x 18'	211.5 square feet	1
14	11'9" x 18'	211.5 square feet	1
15	11'9" x 18'	211.5 square feet	1
16	11'9" x 18'	211.5 square feet	1
17	11'9" x 18'	211.5 square feet	1
18	11'9" x 18'	211.5 square feet	1
19	11'9" x 18'	211.5 square feet	1
20	11'9" x 18'	211.5 square feet	1
Living Room #1	19'7" x 23'10"	466.74 square feet	
Living Room #2	13'8" x 20'9"	283.58 square feet	
Dining Room	33'4" x 18'5"	613.89 square feet	

The indoor living and dining areas measure a total of 1,364.21 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. If the facility has a married couple in any of the rooms mentioned above (room 9, 10, 11, or 12), there should be at least one empty resident bedroom in the facility. The licensed capacity should never exceed 20 residents.

B. Program Description

Divine Nest Assisted Living, LLC intends to provide 24-hour supervision, protection and personal care to 20 male and female residents who are aged, physically handicapped or have been diagnosed with a traumatic brain injury. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment, and transportation. The applicant intends to accept referrals from Department of Health and Human Services, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, parks, churches, shopping centers, and grocery stores. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications`

The applicant is Divine Nest Assisted Living, L.L.C., a "Domestic Limited Liability Company", established in Michigan on September 7, 2016. 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 members of Divine Nest Assisted Living, L.L.C., have submitted documentation appointing Achal Patel as licensee designee for this facility and Shradhdhey Patel as the administrator of the facility. Achal Patel holds a doctorate in physical therapy and has done home care for the middle aged and geriatric population as a licensed physical therapist for 17 years. Shradhdhey Patel holds a doctorate in physical therapy. Both reported or listed in their resumes having experience with aged, individuals with various physical handicaps and individuals diagnosed with traumatic brain injury. The licensee designee and administrator have provided documentation

to satisfy the qualifications and training requirements identified in the group home administrative rules.

Criminal history background checks of the applicants and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicants have indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 20.

Derrick L. Britton

09/04/2018

Derrick Britton
Licensing Consultant

Date

Approved By:

Dawn Timm

09/18/2018

Dawn N. Timm
Area Manager

Date