



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 9, 2020

Achal Patel  
Divine Life Assisted Living Center 3 LLC  
2045 Birch Bluff Drive  
Okemos, MI 48864

RE: Application #: AL330404952  
**Divine Life Assisted Living Center 3 LLC**  
**2077 Haslett Road**  
**Haslett, MI 48840**

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330404952
<b>Licensee Name:</b>	Divine Life Assisted Living Center 3 LLC
<b>Licensee Address:</b>	2045 Birch Bluff Drive Okemos, MI 48864
<b>Licensee Telephone #:</b>	(517) 898-2431
<b>Licensee Designee:</b>	Achal Patel
<b>Administrator:</b>	Achal Patel
<b>Name of Facility:</b>	Divine Life Assisted Living Center 3 LLC
<b>Facility Address:</b>	2077 Haslett Road Haslett, MI 48840
<b>Facility Telephone #:</b>	(517) 898-2431
<b>Application Date:</b>	07/02/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

07/02/2020	On-Line Enrollment
07/02/2020	On-Line Application Received - Original
07/02/2020	On-Line Application Incomplete Letter Sent App; IRS ltr; 1326, RI-030, FPs for Achal; AFC 100 for admin
07/02/2020	On-Line Fee Received - Original
07/20/2020	Contact - Document Received App -1st pg; IRS ltr; AFC 100 for Achal (LD & Admin)
07/23/2020	Comment - FPs for Achal Patel
07/23/2020	Contact - Document Received - App - Pgs 1-3
07/27/2020	File Transferred To Field Office - Lansing
09/29/2020	Inspection Completed-Fire Safety : A (See AL330365205)
09/30/2020	Application Incomplete Letter Sent
10/15/2020	Contact - Document Received admission policy, budget, contracts, designated person, discharge policy, floor plans, lease, medical clearance/TB test for admin/LD, org chart, permission to inspect, program statement, standard/routine procedures, Alzheimer's statement, applicant training and competencies, personnel policies, job descriptions
10/19/2020	Contact - Document Received updated program statement, admission policy and fee/refund policy
10/19/2020	Contact - Document Received new application, letter confirming no change in tax ID #, certificate of amendment and filing endorsement for name change
10/27/2020	Contact - Document Received zoning approval
10/28/2020	Inspection Completed On-site virtual due to potential COVID 19 exposure

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

## A. Physical Description of Facility

Divine Life Assisted Living Center is a recently remodeled, ranch style, single story 'T' shaped, aluminum sided building. The facility is located in Haslett, Michigan, which provides numerous choices in medical care, entertainment, shopping, parks, libraries, and other community amenities. The facility itself has 14 resident bedrooms, six of which are designated as semi-private and eight private rooms. The facility also has a beauty salon available for resident use and a full-sized kitchen that will be used to cook all resident meals. Upon entering the facility and walking through the foyer, an individual is greeted by the kitchen, which leads into the large living and dining area. To the left of the foyer are two resident bedrooms and to the right is a small seating area leading to an activity room for resident use. Through the activity room there is the beauty salon, an office for administrative use and the medication room. Twelve resident bedrooms are located down one long hallway accessible through the living area. There is a laundry room and three full resident bathrooms located down the hallway. The facility furnishings are comfortable. There are several dining tables and an activity room where residents can participate in crafts or puzzles, several televisions throughout the facility, and large windows out which residents may enjoy viewing the surrounding trees and wildlife. The facility was designed with smooth flooring that is easily maneuverable, individualized room color and design to help residents identify rooms, chimes on all exits, outdoor gates, and a home-like design with common living space for all residents. Residents are encouraged to bring items from home, such as furniture and pictures.

The facility does not have a basement. All exits and entrances to the facility are at grade and the door widths accommodate wheelchair users. The facility has public water and public sewage disposal system.

There are two furnaces and two water heaters, which are powered by natural gas, and located in two separate utility rooms on the first floor of the home. Floor separation is created by a fire-rated metal door that is equipped 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 or battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame- or heat-producing equipment and is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility was inspected and determined to be in compliance on 09/29/20.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	12'9" x 8'11"	114	One resident
Room #2	11'5" x 8'7"	98	One resident

Room #3	15'7" x 9'	140	Two residents
Room #4	10' x 9'	90	One resident
Room #5	10' x 9'	90	One resident
Room #6	15'7" x 9'	140	Two residents
Room #7	10'2" x 9'	91.5	One resident
Room #8	9' x 16'	144	Two residents
Room #9	15'10" x 9'	142.5	Two residents
Room #10	10' x 9'	90	One resident
Room #11	15'10" x 9'	142.5	Two residents
Room #12	10' x 9'	90	One resident
Room #13	10' x 9'	90	One resident
Room #14	17' x 9'	153	Two residents

The indoor living and dining areas measure a total of 2471.5 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 twenty residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to twenty male and/or female residents age 45+ who have a physical handicap or are aged or who have Alzheimer's disease or related conditions. The objectives of the program are to provide high-quality care in a clean, friendly and inviting environment, to maintain or improve residents' functional skills and quality of life, to foster social interaction and activity to promote cognitive stimulation, to offer safety and to provide an appetizing menu. The applicant expressed an intent to provide security by keeping things simple and routine, encouraging interaction, and communication with smiles and humor. The admission policy indicated criteria for placement in or transfer or discharge from a program for residents with Alzheimer's disease or related conditions. The applicant intends to utilize the resident health care appraisal, interview, and observation of the resident prior to admission, and information from the referring agency or family to determine if the facility is appropriate to meet the residents' needs. The applicant has determined the facility can accommodate residents who are aggressive, act out sexually, exit seek, or require assistance from two staff members for mobility or other activities of daily living.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. The applicant intends to assess each resident personally to determine the required level of care. All interventions will be implemented only by staff trained in the intervention techniques. Staff will be trained initially and on an ongoing basis on proper ways to care for residents with Alzheimer's disease and similar conditions by the applicant or designated representative.

Residents will be engaged in daily activities designed specifically for their needs. Memory games, word puzzles, and targeted conversation will be used to help residents remain engaged in daily living. Residents will be able to participate in physical activities such as chair exercises with balls and beanbags daily. The applicant intends to provide other daily activities, such as music, crafts, movies, pet therapy, or spa day.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

The applicant intends to accept referrals from Tri-County Office on Aging, Program Of All Inclusive Care for the Elderly (PACE), or residents with private sources for payment. No supplemental fees will be charged for services provided to patients or residents with Alzheimer's disease or related conditions.

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

The applicant is Divine Life Assisted Living Center 3, LLC a "Domestic Limited Liability Company", established in Michigan on 02/21/2020. 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 members of Divine Life Assisted Living Center 3, LLC have submitted documentation appointing Achal Patel as licensee designee and administrator for this facility.

Criminal history background checks of the applicant and administrator were completed and he was determined to be of good moral character to provide licensed adult foster care. Mr. Patel submitted statements from a physician documenting his good health and current negative tuberculosis test results dated 10/09/20.

Mr. Patel provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Patel currently operates one licensed AFC group homes and has successfully since 9/18/2020. Mr. Patel currently provides care to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of dementia. Mr. Patel has experience caring for residents diagnosed with physical handicaps in his currently licensed facility. Mr. Patel holds a doctorate degree in physical therapy from Des Moines University. Mr. Patel holds a degree in sports medicine and sports physical therapy. Mr. Patel has performed home care for the middle – aged and geriatric population as a licensed physical therapist for 19 years.

The staffing pattern for the original license of this twenty-bed facility is adequate and includes a minimum of two staff for twenty residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to

provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs and also due to the arrangement of the physical setting. The applicant has 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](http://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 licensee designee 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 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 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, though the facility is one level.

#### **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 group home with a capacity of twenty residents.



11/4/20

---

Leslie Herrguth  
Licensing Consultant

Date

Approved By:

A handwritten signature in cursive script that reads "Dawn Timm". The signature is written in black ink on a light blue rectangular background.

11/09/2020

---

Dawn N. Timm  
Area Manager

Date