



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 2, 2023

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

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

Dear Mr. Patel & Mr. Thakore:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial 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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AL330387563
Licensee Name:	Divine Nest Assisted Living, LLC
Licensee Address:	4887 Hull Road Leslie, MI 49251
Licensee Telephone #:	(517) 898-2431
Licensee/Licensee Designee:	Achal Patel, Designee Vivek Thakore, Designee
Administrator:	Shradhdhey Patel
Name of Facility:	Divine Nest Assisted Living, LLC
Facility Address:	4887 Hull Road Leslie, MI 49251
Facility Telephone #:	(517) 878-6111
Original Issuance Date:	09/18/2018
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/30/2023

Date of Bureau of Fire Services Inspection if applicable: 6/15/22

Date of Health Authority Inspection if applicable: 12/15/22

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 20
No. of others interviewed 2 Role: Licensee Designees

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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. The facility does not hold funds for any of the current residents.
- 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: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
The facility has an active variance for Rule al 315(3) and continues to manage resident funds via electronic record.


III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

A handwritten signature in cursive script that reads "Jana Lipps".

02/02/2023

Jana Lipps
Licensing Consultant

Date