



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 16, 2023

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

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

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**

<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) 339-2390
<b>Licensee/Licensee Designee:</b>	Achal Patel & Vivek Thakore, Co-Designee
<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) 339-2390
<b>Original Issuance Date:</b>	11/09/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2023

Date of Bureau of Fire Services Inspection if applicable: 3/16/23

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 17  
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. This facility does not hold cash 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 ☐  
This facility has a current variance for Rule 315 (3). The licensee designees maintain record of resident room and board charges through an electronic program. This program was reviewed today.

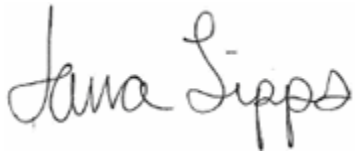
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



Jana Lipps  
Licensing Consultant

04/16/2023

\_\_\_\_\_  
Date