



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2025

Achal Patel & Vivek Thakore
Divine Life Assisted Living Center 2 LLC
2045 Birch Bluff Drive
Okemos, MI 48864

RE: License #: AL330404951
Divine Life Assisted Living Center 2 LLC
5905 Edson Street
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) 335-5985.

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 #:	AL330404951
Licensee Name:	Divine Life Assisted Living Center 2 LLC
Licensee Address:	2045 Birch Bluff Drive Okemos, MI 48864
Licensee Telephone #:	(517) 339-3677
Licensee/Licensee Designee:	Achal Patel & Vivek Thakore Co-Designees
Administrator:	Cheri Lynn Weaver
Name of Facility:	Divine Life Assisted Living Center 2 LLC
Facility Address:	5905 Edson Street Haslett, MI 48840
Facility Telephone #:	(517) 339-3677
Original Issuance Date:	11/20/2020
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2025

Date of Bureau of Fire Services Inspection if applicable: 2/20/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

2

No. of residents interviewed and/or observed

13

No. of others interviewed

1

Role: Administrator

- 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 licensee designees do not hold cash funds for any of the current residents.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The inspection took place after the breakfast meal and prior to the lunch meal.
- 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 licensee designees have a current variance for Rule 315.3 regarding resident funds. The resident funds are tracked with an electronic tracking system. I was able to review this sytem today. The licensee designees also have a variance for Rule 409.2 regarding room dimensions. There is a bedroom which measures 71sqft being utilized by a resident. The licensee designee has maintained a signed statement by the resident approving of the room dimensions per instructions provided on the written variance.

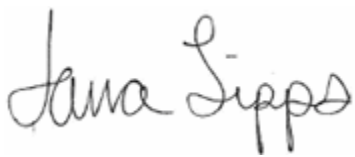
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



4/30/25

Jana Lipps
Licensing Consultant

Date