



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 2, 2025

Happiness Nwaopara  
Divine Care Inc.  
6400 Royal Pointe Drive  
West Bloomfield, MI 48322

RE: License #: AS820415477  
**Divine Care: Bennett**  
**27129 Bennett**  
**Redford, MI 48240**

Dear Ms. Nwaopara:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820415477

**Licensee Name:** Divine Care Inc.

**Licensee Address:** 6400 Royal Pointe Drive  
West Bloomfield, MI 48322

**Licensee Telephone #:** (248) 346-4397

**Licensee/Licensee Designee:** Happiness Nwaopara, Designee

**Administrator:** Happiness Nwaopara

**Name of Facility:** Divine Care: Bennett

**Facility Address:** 27129 Bennett  
Redford, MI 48240

**Facility Telephone #:** (313) 543-3033

**Original Issuance Date:** 06/07/2023

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s):11/13/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 6  
No. of others interviewed [redacted] Role: [redacted]

- 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.
- 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.  
N/A
- 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

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

**R 400.631 Health screenings.**

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

The licensee did not obtain direct care staff Favor Njoku's and Precious Njoku's physician statement within 30 days of their employment start date.

**R 400.631 Health screenings.**

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

The licensee did not review the health status of staff annually.

**R 400.703 Application process.**

(2) The department may issue any of the following certifications:

(a) A regular certification for up to 2 years to a facility that is in full compliance with the act and these rules or in substantial compliance operating under a department-approved plan of corrective action.

This adult foster care home is not in compliance with the Office of Recipient Right's contract requirements for protecting recipient rights for the following reason.

Divine Care was found to be non-compliant due to failure to complete the New Hire Training within 30 days of hire.

A corrective action plan was requested and approved on 11/13/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify

compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

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



Edith Richardson  
Licensing Consultant

12/02/2025  
Date