



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 2, 2026

Cheri Weaver
DIVINE LIVING CENTER OF MT PLEASANT 1 INC
SUITE 100
865 S CEDAR ST
MASON, MI 48854

RE: Application #: AL370419434
**DIVINE LIVING CENTER OF MT PLEASANT 1 INC
BUILDING 1
5785 E BROADWAY RD
MT PLEASANT, MI 48858**

Dear Ms. Weaver:

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL370419434

Licensee Name: DIVINE LIVING CENTER OF MT PLEASANT
1 INC

Licensee Address: SUITE 100
865 S CEDAR ST
MASON, MI 48854

Licensee Telephone #: (989) 773-9421

Licensee Designee: Cheri Weaver

Administrator: Chelsea Lindsey

Name of Facility: DIVINE LIVING CENTER OF MT PLEASANT
1 INC

Facility Address: BUILDING 1
5785 E BROADWAY RD
MT PLEASANT, MI 48858

Facility Telephone #: (989) 773-9421

Application Date: 04/15/2025

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODOLOGY

01/10/2025	Inspection Completed-Fire Safety : A- refer to license AL370404604
04/15/2025	On-Line Enrollment
04/16/2025	PSOR on Address Completed
04/16/2025	Contact - Document Sent - forms sent
08/22/2025	Contact - Document Received
08/22/2025	File Transferred To Field Office
08/26/2025	Application Incomplete Letter Sent
09/03/2025	Contact - Document Received - Admission policy, discharge, refund, floor plans, resume, routine procedures, personnel policies.
10/15/2025	Application Incomplete Letter Sent - Updated letter sent with missing items
10/17/2025	Contact - Document Received- Zoning approval, program statement, TB results for Chelsea, job descriptions, Smoke detection system and backflow report from Boynton Fire Safety Service
11/13/2025	Contact - Document Received - LD letter and financial statements
12/03/2025	Contact - Document Received - Boiler inspection
12/05/2025	Inspection Completed On-site- Met with Chelsea Lindsey
12/05/2025	Inspection Completed-BCAL Sub. Compliance
12/12/2025	On-site - Inspection completed – waiting on BFS approval after submitting corrective action plan.
12/12/2025	Inspection Completed- Env. Health Inspection- A rating.
01/27/2026	Inspection completed – Fire Safety – A rating.
01/28/2026	Recommend license issuance
01/28/2026	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Divine Living Center of Mt. Pleasant I is located in Mt. Pleasant, Michigan, on a large lot in Union Township. Divine Living Center of Mt. Pleasant I is owned by Divine Living Center of Mt. Pleasant, Inc. Divine Living Center of Mt. Pleasant I is attached to Divine Living Center of Mt. Pleasant II, a second twenty bed licensed AFC facility which is identical in design and capacity. The facility is a single story ranch facility on a cement slab with vinyl siding and connected by a breezeway between the two licensed AFC facilities. The connecting breezeway has approved firewalls and appropriately rated fire doors.

Divine Living Center of Mt. Pleasant I has an open floor plan with a living room, dining area, commercial kitchen with a walk in pantry, laundry room, two full bathrooms with showers and a half bathroom, beautician room, boiler room and office. Four of the resident bedrooms have full private bathrooms, two resident bedrooms have private half baths, four resident bedrooms have Jack and Jill semi-private half bathrooms, two resident bedrooms have a sitting area with a full bathroom to share, and six resident bedrooms have no attached bathroom.

Divine Living Center of Mt. Pleasant I is heated with natural gas and serviced by public utilities for water and sewage. Divine Living Center of Mt. Pleasant I's boiler is located in a room that is constructed of material that has a 1 hour fire resistance rating and further protected by a fire rated door of 1 ¾ solid core door equipped with an automatic self-closing device and positive latching door hardware. The capacity of this facility will enable 20 residents to utilize street level bedrooms with two exit doors at ground level leading onto a cement slab or into the parking lot. The facility is barrier free and wheelchair accessible with assurances of appropriate staffing.

Divine Living Center of Mt. Pleasant I is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is also fully sprinkled as required. Fire extinguishers and emergency evacuation routes have been posted throughout the facility. The facility was determined to be in compliance with the applicable fire safety administrative rules on 01/22/2026.

An inspection pertaining to the administrative rules governing environmental health was conducted on 12/12/2025 by this consultant and the facility was found to be in substantial compliance with administrative rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
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1	13' x 18'4"	238 sq. feet	1
2	13' X 8'2"	106 sq. feet	1
3	13' X 8'2"	106 sq. feet	1
4	13'2" X 8'3"	109 sq. feet	1
5	12'6" X 8'9"	109 sq. feet	1
6	13' X 8'3"	107 sq. feet	1
7	Sitting area 13' X 9.5" Bedroom area 10'6 X 11'8"	122 sq. feet 122 sq. feet Total 244 sq. feet	1
8	14' X 13'	182 sq. feet	1
9	Sitting area 12'4" X 8'2" Bedroom area 10'5" X 9'2"	101 sq. feet 95 sq. feet Total 196 sq. feet	1
10	13' X 8'2"	106 sq. feet	1
11	24'1" X 8'11"	215 sq. feet	2
12	13' X 11'4	147 sq. feet	1
14	13' X 8'2"	106 sq. feet	1
15	24'1 X 9'5"	227 sq. feet	1
17	Sitting area 13' X 8'2" Bedroom area 9'1 X10'5"	106 sq. feet 95 sq. feet Total 201 sq. feet	1
19	24'4 X 8'10	215 sq. feet	2
20A	11' X 11"1	122 sq. feet	1
20B	12'4" X 11'2"	138 sq. feet	1

Total: 20

The living, dining, and sitting room areas measure a total of 1126 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 20 male and female adults who are at least 55 years old and plans to care for residents under the following program types: aged, physically handicapped, and Alzheimer's disease or related conditions. The program will include social interactions through activities in the facility communal dining room. The applicant intends to accept referrals

from veterans administration, hospitals, Medicaid waiver, local DHHS offices, and residents with private sources for payment.

Divine Living Center of Mt. Pleasant I, Inc. submitted a statement to serve residents diagnosed with Alzheimer's disease that meets all the requirements of MCL 400.726b. If required, behavioral intervention and crisis intervention programs will be developed and identified in the assessment plan. These interventions shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

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 Library, local museums, churches, and local festivals. The Mount Pleasant area offers large city activities such as the casino, concerts, parks, and shopping centers. These resources provided an environment to enhance the quality of life and increase the independence of the residents.

C. Applicant and Administrator Qualifications

The applicant is Divine Living Center of Mt. Pleasant I, Inc which is a "For Profit Corporation" established in Michigan, on 01/30/2025. 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 Board of Directors of Divine Living Center of Mt. Pleasant I, Inc have submitted documentation appointing Cheri Weaver as Licensee Designee for this facility and Chelsea Lindsey as the Administrator of the facility.

Licensee designee Ms. Weaver earned a Bachelor of Science degree from Eastern Michigan University and has successfully operated a licensed Adult Foster Care facility since 9/18/2013. She currently provides care to men and women who are aged and/or have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of dementia. Ms. Weaver has served as the administrator for other licensed adult foster care facilities and has a background in dietary management.

Administrator Ms. Lindsey has served as the administrator of this facility (operated under a different owner and license number) for the past six years. Ms. Lindsey earned a Bachelor of Arts degree from Eastern Michigan University and has a background in activities and experience working as a direct care staff member. Ms. Lindsey is also a Certified Dementia Practitioner certified through National Council of Certified Dementia Practitioners. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and administrator

submitted a medical clearance request with statements from a physician documenting their good health and current negative communicable disease results.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of two staff to 20 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 large group home with a capacity of 20 residents.

Jennifer Browning

Jennifer Browning
Licensing Consultant

01/28/2026

Date

Approved By:

Dawn Timm

02/02/2026

Dawn N. Timm
Area Manager

Date