



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 28, 2026

Achal Patel  
Divine Life Assisted Living of Dewitt 2 Inc  
2045 Birch Bluff Dr  
Okemos, MI 48864

RE: License #: AL190418069  
Investigation #: 2026A0577034  
Divine Life Assisted Living of Dewitt 2 Inc

Dear Mr. Patel:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

*Bridget Vermeesch*

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL190418069
<b>Investigation #:</b>	2026A0577034
<b>Complaint Receipt Date:</b>	03/25/2026
<b>Investigation Initiation Date:</b>	03/26/2026
<b>Report Due Date:</b>	05/24/2026
<b>Licensee Name:</b>	Divine Life Assisted Living of Dewitt 2 Inc
<b>Licensee Address:</b>	2045 Birch Bluff Dr Okemos, MI 48864
<b>Licensee Telephone #:</b>	(517) 898-2431
<b>Administrator:</b>	Cheri Lynn Weaver
<b>Licensee Designee:</b>	Achal Patel
<b>Name of Facility:</b>	Divine Life Assisted Living of Dewitt 2 Inc
<b>Facility Address:</b>	1177 Solon Rd, Ste 2 DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 484-6980
<b>Original Issuance Date:</b>	06/03/2024
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/03/2024
<b>Expiration Date:</b>	12/02/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS TRAUMATICALLY BRAIN INJURED



**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Fence in backyard is damaged and not easily openable for fire escape.	No
Sidewalks are cracked causing tripping hazards.	No
Resident bedrooms are not being cleaned routinely causing concern for unsanitary conditions.	No
Resident bed linens are not being laundered weekly.	No
Residents are not provided with activities.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

03/25/2026	Special Investigation Intake-2026A0577034
03/26/2026	Special Investigation Initiated - Telephone Lisa Guzman, DCS.
03/26/2026	Contact - Document Received Cheri Weaver, Admin. via email sent copy of DCS job description.
04/15/2026	Inspection Completed On-site
04/17/2026	Contact - Telephone call made, Interview with DCS.
04/20/2026	Inspection Completed-BCAL Sub. Compliance
04/27/2026	Exit Conference with Achel Patel, LD and Cheri Weaver, Administrator.

**ALLEGATION:**

- **Fence in backyard is damaged and not easily openable for fire escape.**
- **Sidewalks are cracked causing tripping hazards.**

**INVESTIGATION:**

On March 23, 2026, a complaint was received alleging that the sidewalk leading into facility is damaged/cracked causing a tripping hazard. The complaint reported that the sidewalk is used as an escape route when emergency drills or evacuations are needed. The complaint reported the fence outside the building, on the side, is severely damaged and not easily openable. The complaint reported this is also used as a fire escape route.

On March 23, 2026, I interviewed direct care staff (DCS) Lisa Guzman who reported there are cracks in the cement of the sidewalk but does not recall the cement being uneven enough to cause tripping. Ms. Guzman reported she is not aware of the fence in the backyard of the facility being in disrepair.

On April 15, 2026, I completed an unannounced onsite investigation and walked all of the sidewalks on the property. I observed some sidewalks with cracks but there were no missing chunks of concrete or large enough cracks to create an uneven walking space or tripping hazard. I also completed a review of the backyard fence and did not find any areas that were damaged. The fence contains two gates for exiting the backyard and both gates were functional and opened and closed without concern.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	During the onsite investigation on April 15, 2026, I observed both the backyard fence and gates to be well maintained and easily openable to provide adequately for the health, safety, and well-being for the residents and direct care staff.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(15) Sidewalks, fire escape routes, and entrances must be kept reasonably free of hazards, such as ice, snow, and debris.</b>
<b>ANALYSIS:</b>	During the onsite investigation on April 15, 2026, I completed an inspection of all sidewalks on the property and found all to be free of any tripping hazard. Some sections of the sidewalks had cracks but not to the extent to create a tripping hazard.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

- **Resident bedrooms are not being cleaned routinely causing concern for unsanitary conditions.**
- **Resident bed linens are not being laundered weekly.**

**INVESTIGATION:**

On March 23, 2026, the complaint alleged that resident bedrooms are not routinely cleaned causing the bathrooms to be unsanitary, trash overflowing, and linens not changed weekly. The complaint reported Resident A's bathroom is often found with urine and feces and Resident B's trash is often piled on the floor and their bathroom is filthy. The complaint also reported allegations of the residents linens not being laundered on a regular basis.

On March 23, 2026, I interviewed Lisa Guzman, DCS-Housekeeper, who reported she deep cleans residents bedrooms every two to three weeks. Ms. Guzman reported direct care staff are responsible for cleaning residents bedrooms on the resident's assigned shower days. Ms. Guzman reported she does not believe the allegations to be true, stating, "it is not often that the residents bedrooms are dirty and trash bins are full."

During the onsite investigation completed on April 15, 2026, I inspected all resident bedrooms, bathrooms and bed linens and found them all to clean and orderly. I did not smell any odors in the facility nor did I find any dirty floors or unsanitary bed linens. I did not observe any trash on Resident A's floor nor did I observe Resident B's bathroom to be dirty. I interviewed DCS Kim Morgan who reported resident bedrooms are deep cleaned and linens are laundered on the resident's assigned shower days which occur twice a week. DCS Morgan reported resident bedrooms are swept and mopped daily with additional cleaning when needed. DCS Morgan provided me with a copy of the resident shower schedule which documented residents are showered twice weekly. DCS Morgan reported that if a resident refuses a shower, their bedroom will still get cleaned.

On April 15, 2026, I interviewed Resident A, Resident B, Resident C, and Resident D, who all reported that their bed linens are cleaned at least two times a week and more often if needed. Resident A, Resident B, Resident C, and Resident D reported their bedrooms are swept and mopped daily and bathrooms are cleaned on the residents shower days. Resident A, Resident B, Resident C, and Resident D reported no concerns about resident bedrooms or bathrooms being unsanitary or bed linens not being washed at least weekly.

On April 17, 2026, I interviewed DCS Carloyn Morton who reported resident bedrooms and linens are cleaned and linens changed on the resident's assigned shower days which occur twice per week. DCS Morton reported she has not observed resident bedrooms being unclean or bed linens not being washed regularly. DCS Morton reported there are a couple of residents who are messy and

those residents bedrooms get picked up more often than twice a week. DCS Morton reported if a resident linens need to be washed more than twice a week due to a resident being incontinent then this happens.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.</b>
<b>ANALYSIS:</b>	Based on my interviews with Resident A, Resident B, Resident C, and Resident D and my observations of the residents rooms, I found all resident bedrooms clean, comfortable and orderly in appearance. Resident bedrooms are fully cleaned twice weekly on resident assigned shower days and the residents bedrooms are swept and mopped daily. There was no evidence of unsanitary living conditions.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.669</b>	<b>Linens.</b>
	<b>(2) Bed linens must be changed and laundered at least once a week and towels and washcloths changed and laundered not less than twice weekly or more often if soiled.</b>
<b>ANALYSIS:</b>	During the investigation, it has been found that resident bed linens are washed twice per week on the resident's assigned shower days, or more often as needed. There was no evidence found that the residents bed linens are not being washed at least once a week.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Residents are not provided with activities.**

**INVESTIGATION:**

The complaint received on March 23, 2026, reported that while activity supplies are available there is no dedicated time used to promote socializing or specific activities offered to residents.

On March 23, 2026, I interviewed Lisa Guzman, DCS-Housekeeper, who reported there are activity supplies in the facility, but Ms. Guzman reported she was not sure how often residents do activities. Ms. Guzman reported she is not aware of an activities calendar or regular activities.

During the onsite investigation, I interviewed DCS Kim Morton who reported the previous activities coordinator is no longer employed and has not been replaced. DCS Morton reported there is a puzzle table and some board games, but no organized or regular activities are provided. DCS Morton reported she recently came to first shift from third shift and herself and another coworker are trying to develop an activities schedule for residents. DCS Morton reported she does not think that most of the residents in the building would not participate in activities. DCS Morton reported Building #3 on property provides more organized activities and residents can attend those activities.

On April 15, 2026, during the onsite investigation, I interviewed Resident A, Resident B, Resident C, and Resident D who all reported there are no activities or recreational equipment in their building. Resident A reported there is a table with a puzzle on it, but other than that they have not seen any other activities or things to do. Resident B reported there is nothing to do at the facility and stated there are no scheduled activities or recreational equipment for resident use. Resident C reported there are no activities for residents. Resident C reported often going to Building #3 to visit and socialize with residents in that building but other than socializing there is no organized activity in Building #3 either. Resident D reported there are no activities provided and no offer to attend activities in Building #3 has been extended to Resident D. However, Resident D reported they would not participate in activities even if they were offered. Resident A, Resident B, Resident C, and Resident D reported they are not aware of any leisure or exercise equipment available in the facility.

On April 17, 2026, I interviewed DCS Carolyn Morton who reported there currently are no scheduled activities being provided due to there no longer being an activities coordinator at the facility. DCS Morton reported most of the residents do not have an interest in activities. DCS Morton reported not being aware of resident activities offered in any other building on the property.

<b>APPLICABLE RULE</b>	
<b>R 400.679</b>	<b>Resident recreation.</b>
	<b>(1) A licensee shall provide and promote activities and the use of leisure and recreational equipment that are appropriate to the number, care, needs, age, and interests of residents.</b>
<b>ANALYSIS:</b>	Based on the interviews conducted with direct care staff and residents, I found there are no activities being provided or leisure and recreational equipment for the residents to use.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIOANL FINDING:**

**INVESTIGATION:**

On March 23, 2026, I interviewed Lisa Guzman, DCS-Housekeeper, who reported that the dishwasher in the kitchen does not work, causing stacks of dishes to be left in the kitchen.

During the onsite investigation on April 15, 2026, I observed dirty dishes in the kitchen from breakfast and lunch. DCS Morgan reported the dishes need to be washed by hand due to the dishwasher not working properly.

On April 17, 2026, I interviewed DCS Carolyn Morton who reported that the dishwasher has not worked properly for a while, stating, "it was fine because they only had six residents in care, but now that they have 10 residents in care, it takes more time to do the dishes." DCS Morton reported there are many things that resident need assistance with after a meal has been served and so often the dishes are left dirty in the kitchen until someone can get to them.

<b>APPLICABLE RULE</b>	
<b>R 400.665</b>	<b>Food Service.</b>
	<b>(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.</b>
<b>ANALYSIS:</b>	Through the investigation it has been found on April 15, 2026, the dishwasher in the kitchen is not properly working or being maintained and functional according to the manufacturer's instructions.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon the approval of a corrective action plan, I recommend that the current status of the license remains unchanged.

*Bridget Vermeesch*

04/27/2026

---

Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

04/28/2026

---

Dawn N. Timm  
Area Manager

Date