GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 18, 2026

Cheri Weaver
DIVINE LIVING CENTER OF HOLT 2 INC
SUITE 100
865 S CEDAR ST
MASON, MI 48854

RE: Application #: AL330419433
DIVINE LIVING CENTER OF HOLT 2 INC
BUILDING 2
4300 KELLER RD
HOLT, MI 48842

Dear Cheri 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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330419433
Licensee Name:	DIVINE LIVING CENTER OF HOLT 2 INC
Licensee Address:	SUITE 100 865 S CEDAR ST MASON, MI 48854
Licensee Telephone #:	(517) 694-2020
Licensee Designee:	Cheri Weaver
Administrator:	Cheri Weaver
Name of Facility:	DIVINE LIVING CENTER OF HOLT 2 INC
Facility Address:	BUILDING 2 4300 KELLER RD HOLT, MI 48842
Facility Telephone #:	(517) 694-2020
Application Date:	04/15/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

04/15/2025	On-Line Enrollment
04/16/2025	PSOR on Address Completed
04/16/2025	Contact - Document Sent - Fire Safety Letter
04/16/2025	Contact - Document Sent - forms sent
08/22/2025	Contact - Document Received
08/22/2025	File Transferred To Field Office
08/29/2025	Application Incomplete Letter Sent
09/03/2025	Contact - Document Received- A copy of the Zoning Approval
10/25/2025	Inspection Completed On-site
10/28/2025	Application Complete/On-site Needed
10/28/2025	Inspection Completed-BCAL Sub. Compliance
01/13/2026	Inspection Completed On-site
01/13/2026	Inspection Completed-BCAL Sub. Compliance
02/09/2026	Contact – Telephone call received from the applicant. Discussion.
03/04/2026	Contact - Document Sent - Email sent to applicant regarding status of pending license.
03/26/2026	Contact - Document Received- Email from and to applicant regarding the status of the license.
03/30/2026	Contact - Document Sent - Email to applicant regarding "C rating" on recent BFS Inspection (see Prestige Way #2) and updated copy of physician's statement for the licensee designee requested.
03/30/2026	Contact - Document Sent - Email sent to BFS to update facility license number and to inquire about last BFS inspection.
03/31/2026	Contact - Document Received - Floor plans
04/01/2026	Contact - Document Sent - Email to applicant – Regarding the appointment of the administrator. A copy of the most recent

	furnace inspection was requested. It was also noted that the facilities received a "C rating" on the last BFS inspections. An "A rating" is required prior to license issuance.
04/07/2026	Inspection Completed-Fire Safety: A - Prestige Way #2 (AL330404597)
04/21/2026	Document Received – Updated floor plans and letter from the board appointing Cheri Weaver as the Administrator.
04/29/2026	Document Received - Copy of furnace inspection.
04/29/2026	Inspection Completed-BCAL Full Compliance
05/15/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This inspection included a review of the application, forms, and supporting documents including but not limited to the following: company documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections. There was also ongoing contact with the applicant during the licensing process, which consisted of phone calls, emails and discussions.

This facility was previously licensed as Prestige Way #2 (AL330404597) and is undergoing a change of ownership.

A. Physical Description of Facility

This facility is located in the suburban unincorporated community of Holt, Michigan. There are two facilities on this property, DIVINE LIVING CENTER OF HOLT 1 INC and DIVINE LIVING CENTER OF HOLT 2 INC. This facility, DIVINE LIVING CENTER OF HOLT 2 INC (AL330419433) is a large, single story, ranch style facility. This facility is at grade and is wheelchair accessible.

The facility has an open floor plan including a living room, dining room, an activity room and library area. The facility is also equipped with three shower rooms, a laundry room, a nurses' station, a commercial kitchen with a walk-in pantry, a heat plant room, staff office areas and a public half-bathroom. The facility has nineteen resident bedrooms for twenty residents. There are ten single-occupancy resident rooms with adjoining half

bathrooms, eight single-occupancy resident rooms with half bathrooms, and one double-occupancy bedroom with a full bathroom. The capacity of this facility will enable 20 residents to utilize street level bedrooms with three exit doors at ground level leading to the outside.

The laundry room has a washer and gas dryer and is equipped with a 20-minute fire rated door. The facility is equipped with a gas furnace and water heater, which are enclosed in the mechanical room by a 1 ¾ inch solid core door, with an automatic self-closing device and positive latching hardware. The facility is equipped with central air conditioning.

The facility is equipped with a sprinkler system, and an interconnected, hardwired smoke detection system, with battery back-up, and is fully operational. The Bureau of Fire Services inspected the facility on April 7, 2026, the facility received an “A” rating, and is in compliance with the applicable fire safety administrative rules. The smoke detectors are located in the required areas of the facility, and the facility is also equipped with fire extinguishers.

The facility is equipped with video surveillance in the public and common areas of the facility, including the hallways, entrances/exits, living rooms, and dining areas.

An on-site inspection verified the facility was in compliance with all applicable environmental health administrative licensing rules. The facility utilizes a public water supply and sewage disposal system. A private vendor will remove trash from the facility on a weekly basis.

The resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
201	10’ x 11’9”	118 Sq. Feet	1
202	9’ x 11’8”	105 Sq. Feet	1
203	9’9” x 11’9”	115 Sq. Feet	1
204	9’9” x 11’8”	114 Sq. Feet	1
205	9’9” x 11’8”	114 Sq. Feet	1
206	9’9” x 11’8”	114 Sq. Feet	1
207	10’ x 11’8”	117 Sq. Feet	1
208	9’9” x 11’9”	115 Sq. Feet	1
209	9’6’’ x 11’8”	111 Sq. Feet	1
210	10’1” x 11’11”	120 Sq. Feet	1
211	10’4” x 13’4”	138 Sq. Feet	1
212	11’8” x 11’9”	137 Sq. Feet	1
213	9’8” x 11’8”	113 Sq. Feet	1
214	9’9” x 11’9”	115 Sq. Feet	1
215	9’9” x 11’9”	115 Sq. Feet	1
216	9’9” x 11’9”	115 Sq. Feet	1
217	11’9” x 19’8”	231 Sq. Feet	2

218	9’9” x 11’9”	115 Sq. Feet	1
220	9’9” x 11’9”	115 Sq. Feet	1

The indoor living and living areas, (excluding the bedrooms) measure a total of 1,981 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 20 residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 20 male or female ambulatory or non-ambulatory residents who are 18 to 99 years of age. According to the Program Statement, DIVINE LIVING CENTER OF HOLT 2 INC “typically serves individuals who have aged past forty-five years and diagnosed with a physical handicap or anyone over the age of 18, are medically stable and in need of assistance with the activities of daily living.” The facility also intends to care for individuals who are aged, or diagnosed with Alzheimer’s disease and other forms of dementia, Traumatic Brain Injury, and/or Physically Handicapped. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. DIVINE LIVING CENTER OF HOLT 2 INC strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents.

Programs for those diagnosed with Alzheimer’s disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, dressing, personal hygiene and the administration of medications. According to the Program Statement, the goal of the applicant is to “keep them [residents] safe, reduce their fears, and provide a comfortable, warm and loving atmosphere…We are committed to using patience and understanding with our residents by keeping things simple and routine. This gives residents a sense of security. We encourage communication, listening, and gentle physical contact such as hand massages and hugs. We spend time talking and listening to them and acknowledge their entrance into a room. We communicate with kindness, lots of smiles and humor.” The applicant intends to meet the individual needs of the residents as documented in their written assessment plans and care agreements. The facility is also equipped with door alarms, which are deactivated with keypads and delayed egress. This safety measure is to discourage elopements and alert staff.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

The applicant intends to accept referrals from Tri-County Office on Aging, PACE and residents with private sources for payment.

In addition to the program elements included above, the applicant intends to utilize local community resources for recreational activities, including but not limited to shopping, visiting the zoo, library, parks, and providing opportunities for residents to participate in the local walking clubs.

C. Applicant and Administrator Qualifications

The applicant is DIVINE LIVING CENTER OF HOLT 2 INC and is a "Domestic Profit Corporation." A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs' website, demonstrates it has an active status, it's in good standing, and that Achal Patel is the Resident Agent. 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 HOLT 2 INC., have submitted documentation appointing Cheri Weaver as Licensee Designee and Administrator for this facility.

A criminal background check of Cheri Weaver was completed, and she was determined to be of good moral character to provide licensed adult foster care. Cheri Weaver submitted a statement from a physician documenting her good health and current negative communicable disease results.

Cheri Weaver earned a Bachelor of Science degree from Eastern Michigan University. She was employed as a dietary manager for two years. She also has a history of operating and serving as the administrator in an adult foster care facility. She has provided direct care, supervision, protection, and administered medications to individuals who are aged, have a traumatic brain injury, and/or have other physical health diagnoses including individuals with Alzheimer's disease and/or various stages of dementia. Cheri Weaver has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR.

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 acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance. The applicant acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee’s record for each 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 acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the 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 recording each resident’s funds and itemized transactions including payment for services. The applicant acknowledges this document 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 of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 the issuance of a six-month temporary license to this AFC adult large group home with a capacity of 20 residents.

05/15/2026

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Mahtina Rubritius — Date
Licensing Consultant

Approved By:

05/18/2026

_____

Dawn N. Timm — Date
Area Manager