GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 29, 2026

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

RE: License #: AL370419435
DIVINE LIVING CENTER OF MT PLEASANT 2 INC
5785 E BROADWAY RD, MT PLEASANT, MI 48858

Dear Ms. Weaver:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan and closure of the special investigation, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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,

Jennifer Browning

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

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

I. IDENTIFYING INFORMATION

License #:	AL370419435
Licensee Name:	DIVINE LIVING CENTER OF MT PLEASANT 2 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 2 INC
Facility Address:	5785 E BROADWAY RD MT PLEASANT, MI 48858
Facility Telephone #:	(989) 773-9421
Original Issuance Date:	02/02/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2026

Date of Bureau of Fire Services Inspection if applicable: 01/22/2026

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
No. of others interviewed Role:

- 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.
- 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 400.647	**Safety and maintenance of premises.**
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
The bathroom ceiling paint was peeling above the shower and in the corner of the bathroom.	

IV. RECOMMENDATION

Upon closure of an approved corrective action plan and closure of the special investigation, I recommend issuance of a 2 year regular adult foster care license.

_ _____07/29/2026_____

Jennifer Browning Date
Licensing Consultant