



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 13, 2021

Achal Patel  
Divine Life Assisted Living Center 1, LLC  
2045 Birch Bluff Drive  
OKEMOS, MI 48864

RE: License #: AM190404916  
**Divine Life Assisted Living Center 1 LLC**  
**607 Turner Street**  
**DeWitt, MI 48820**

Dear Mr. Patel:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license are renewed. The license is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

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

**I. IDENTIFYING INFORMATION**

**License #:** AM190404916

**Licensee Name:** Divine Life Assisted Living Center 1, LLC

**Licensee Address:** 607 Turner Street  
DeWitt, MI 48820

**Licensee Telephone #:** (517) 277-0544

**Licensee/Licensee Designee:** Achal Patel

**Administrator:** Achal Patel

**Name of Facility:** Divine Life Assisted Living Center 1 LLC

**Facility Address:** 607 Turner Street  
DeWitt, MI 48820

**Facility Telephone #:** (517) 277-0544

**Original Issuance Date:** 11/18/2020

**Capacity:** 11

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection: 05/11/2021

Date of Bureau of Fire Services Inspection: 09/29/2020

Date of Health Authority Inspection: 11/09/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 8

No. of others interviewed 0 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.
- 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   
as315(3), Resident Funds for AFC Payments-Electronic Tracking

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

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



05/13/2021

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Derrick Britton  
Licensing Consultant

Date