



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 8, 2022

Achal Patel
Divine Nest Assisted Living, LLC
2045 Birch Bluff Dr
Okemos, MI 48864

RE: License #: AL330387563
Divine Nest Assisted Living, LLC
4887 Hull Road
Leslie, MI 49251

Dear Mr. Patel:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL330387563
Licensee Name:	Divine Nest Assisted Living, LLC
Licensee Address:	4887 Hull Road Leslie, MI 49251
Licensee Telephone #:	(517) 898-2431
Administrator/Licensee Designee:	Achal Patel, Designee
Name of Facility:	Divine Nest Assisted Living, LLC
Facility Address:	4887 Hull Road Leslie, MI 49251
Facility Telephone #:	(517) 878-6111
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. Purpose of Addendum

Licensee Designee, Achal Patel, has completed a *Request for Modification of the Terms of the Registration/License* form, requesting that the facility add Alzheimer’s to population served on their Program Statement. He is also requesting to change the current age range for admission from 50-99 to 40-99 years of age.

III. Methodology

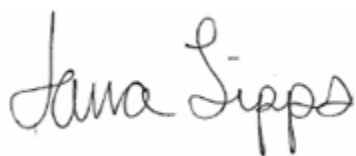
Mr. Patel has completed the modification request form and it is noted Mr. Patel has multiple years of experience providing for the Alzheimer’s population in the capacity of a Physical Therapist and as a Licensee Designee for other licensed adult foster care facilities in the State of Michigan. This was reviewed on Mr. Patel’s resume. Mr. Patel has also provided an updated Program Statement to include guidelines for caring for residents with Alzheimer’s Disease as well as a comprehensive training plan to be utilized for ongoing direct care staff training and competency in caring for residents with Alzheimer’s Disease.

IV. Description of Findings and Conclusions

Mr. Patel has substantial knowledge and experience working with individuals with Alzheimer’s Disease and provided an updated Program Statement & highlighted comprehensive training pertaining to the care of a resident with Alzheimer’s Disease.

V. Recommendation

I recommend that the Program Type for the facility be updated to include individuals with Alzheimer’s Disease and that the age range be modified from 50-99 years of age to 40-99 years of age.



12/05/2022

Jana Lipps
Licensing Consultant

Date

Approved:



12/08/2022

Dawn Timm
Area Manager

Date