



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 10, 2024

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 Achal 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 license is renewed. It 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 "Rodney Gill".

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

**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 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(s): 04/10/2024

Date of Bureau of Fire Services Inspection if applicable: 09/08/2022, 08/29/2023

Date of Health Authority Inspection if applicable: 01/19/2023, 12/19/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 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:
04/12/2023: R 400.14401 and R 400.14403. 10/18/2023: R 400.14305; R 400.14406; R 400.14401; R 400.14407; R 400.14305. N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
The facility is utilizing electronic Funds II forms for all residents - R 400.14316(i)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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



04/10/2024

Rodney Gill
Licensing Consultant

Date