



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 7, 2024

Achal Patel
Divine Life Assisted Living of Dewitt 3 Inc.
2045 Birch Bluff Dr
Okemos, MI 48864

RE: License #: AL190418056
DIVINE LIFE ASSISTED LIVING OF DEWITT 3 INC
STE 3
1177 SOLON RD
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 license is renewed. It is valid only at your present address and is nontransferable. 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) 284-9730.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, 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 #: AL190418056

Licensee Name: Divine Life Assisted Living of Dewitt 3 Inc.

Licensee Address: 2045 Birch Bluff Dr
Okemos, MI 48864

Licensee Telephone #: (517) 898-2431

Licensee/Licensee Designee: Achal Patel

Administrator: Cheri Weaver

Name of Facility: DIVINE LIFE ASSISTED LIVING OF DEWITT
3 INC

Facility Address: STE 3
1177 SOLON RD
DEWITT, MI 48820

Facility Telephone #: (517) 484-6980

Original Issuance Date: 06/03/2024

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/06/2024

Date of Bureau of Fire Services Inspection if applicable: 11/07/2024

Date of Health Authority Inspection if applicable: 04/10/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- 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 determined to be in substantial compliance with rules and requirements. The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license, capacity of 20.

Bridget Vermeesch

11/07/2024

Bridget Vermeesch
Licensing Consultant

Date