



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 22, 2024

Achal Patel  
Divine Life Assisted Living of Dewitt 2 Inc  
2045 Birch Bluff Dr  
Okemos, MI 48864

RE: License #: AL190418069  
**Divine Life Assisted Living of Dewitt 2 Inc**  
**1177 Solon Rd, Ste 2**  
**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**

<b>License #:</b>	AL190418069
<b>Licensee Name:</b>	Divine Life Assisted Living of Dewitt 2 Inc
<b>Licensee Address:</b>	2045 Birch Bluff Dr Okemos, MI 48864
<b>Licensee Telephone #:</b>	(517) 898-2431
<b>Licensee Designee:</b>	Achal Patel
<b>Administrator:</b>	Cheri Weaver
<b>Name of Facility:</b>	Divine Life Assisted Living of Dewitt 2 Inc
<b>Facility Address:</b>	1177 Solon Rd, Ste 2 DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 484-6980
<b>Original Issuance Date:</b>	06/03/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 10/15/2024

Date of Health Authority Inspection if applicable: 05/28/2024

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 10  
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*

11/08/2024

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Bridget Vermeesch  
Licensing Consultant

Date