

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 28, 2025

Happiness Nwaopara Divine Care Inc. 6400 Royal Pointe Drive West Bloomfield, MI 48322

RE: License #: AS820380402

Divine Care:Dunning 26239 Dunning Street Inkster, MI 48141

Dear Ms Nwaopara:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

3 Stevens

Detroit, MI 48202 (313) 949-3055

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

I. IDENTIFYING INFORMATION

License #: AS820380402

Licensee Name: Divine Care Inc.

Licensee Address: 6400 Royal Pointe Drive

West Bloomfield, MI 48322

Licensee Telephone #: (248) 346-4397

Licensee/Licensee Designee: Happiness Nwaopara

Administrator:

Name of Facility: Divine Care:Dunning

Facility Address: 26239 Dunning Street

Inkster, MI 48141

Facility Telephone #: (248) 346-4397

Original Issuance Date: 08/04/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection	(s):	01/23/2025
Date of Bureau of Fire Ser	vices Inspection if app	licable:
Date of Health Authority In	spection if applicable:	
No. of staff interviewed an No. of residents interviewed No. of others interviewed		2 2
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. A worksheet inspection was completed. 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. A full worksheet inspection was completed. Fire drills reviewed? Yes ⋈ No ☐ If no, explain. 		
Fire safety equipment	and practices observe	ed? 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. 		
N/ACorrective action plan LSR Dated 01/25/202		Yes ⊠ CAP date/s and rule/s: 3), 205(3), 205(5) abd 507(5) N/A □
Variances? Yes ☐ (r	olease explain) No	N/A 🖂

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually.A record of the inspections shall be maintained at the facility.

At the time of inspection, the interconnected smoke detection system was not audible in all areas.

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

At the time of inspection, fire drills were not conducted as required. The facility lacked the number of required sleeping drills.

IV. RECOMMENDATION

is recommended.	icceptable corrective action plan, renewal of the license
of Stevens	01/28/2025

LaKeitha Stevens Date Licensing Consultant