



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 22, 2025

Achal Patel
Divine Nest of Perry 2 Inc
2045 Birch Bluff Dr
Okemos, MI 48854

RE: Application #: AL780418810
Divine Nest of Perry 2 Inc
521 E. First St
Perry, MI 48872

Dear Mr. Patel:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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, reading "Candace Coburn".

Candace Coburn, 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
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL780418810
Applicant Name:	Divine Nest of Perry 2 INC
Applicant Address:	2045 Birch Bluff Dr Okemos, MI 48854
Applicant Telephone #:	(517) 898-2431
Licensee Designee:	Achal Patel
Administrator:	Cheri Weaver
Name of Facility:	Divine Nest of Perry 2 INC
Facility Address:	521 E. First St Perry, MI 48872
Facility Telephone #:	(517) 625-5650
Application Date:	09/11/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED MEMORY CARE AGED ALZHEIMERS

II. METHODOLOGY

01/09/2024	Inspection Completed-Fire Safety: A rating refer to AL780080709
09/11/2024	Enrollment
09/11/2024	Application Incomplete Letter Sent
09/11/2024	PSOR on Address Completed
09/11/2024	Contact - Document forms sent
09/13/2024	File Transferred To Field Office
09/17/2024	Application Incomplete Letter Sent via email, facility paperwork list letter.
12/27/2024	Application Complete/On-site Needed
01/07/2025	Onsite inspection completed.
01/08/2025	Confirmation letter sent requesting heat plant approved inspections. Inspection Completed-Fire Safety: A rating
01/09/2025	Received invoices for approved inspections of heat plant equipment.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Divine Nest of Perry 2 INC is a ranch style, single story, aluminum sided facility located in Perry, Michigan. Conveniently located are various options in medical care, shopping, parks, libraries, and other community amenities. The facility has 20 resident bedrooms, and a full-sized kitchen that will be used to cook all resident meals. The front entrance leads into a large living room and dining room area. There are several dining room tables and large windows for residents to enjoy the surrounding trees and wildlife. The facility was designed with smooth flooring that is easily maneuverable, alarms on all exits with an outdoor gated area for resident use. Residents are encouraged to bring personal items from home, such as furniture and pictures.

The facility does not have a basement. All exits and entrances to the facility are at grade and the door widths accommodate wheelchair users. The facility utilizes the public water and sewage disposal system. There are three furnaces and three water heaters, which are powered by natural gas, and located in three separate utility rooms on the main floor of the home. They have been inspected by qualified inspectors and approved in October 2024. The utility rooms are each constructed of material which has a 1-hour-fire-resistance rating and a fire-rated metal door that is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, and is fully operational. The facility is fully sprinkled. On 12/10/2024, the facility was determined by the Bureau of Fire Services to be in substantial compliance with applicable fire safety administrative rules.

Rooms were measured during the on-site inspection on 1/07/2025, and the following dimensions were documented:

Bedroom	Measurement	Sq Ft	Occupancy
1	14 x 13	182	1 or 2
2	14 x 13	182	1 or 2
3	14 x 13	182	1 or 2
4	14 x 13	182	1 or 2
5	14 x 11	154	1 or 2
6	13 x 11	143	1 or 2
7	14 x 11	154	1 or 2

8	13 x 11	143	1 or 2
9	14 x 13	182	1 or 2
10	14 x 13	182	1 or 2
11	14 x 13	182	1 or 2
12	14 x 13	182	1 or 2
13	15 x 11	165	1 or 2
14	15 x 11	165	1 or 2
15	15 x 11	165	1 or 2
16	15 x 11	165	1 or 2
17	15 x 11	165	1 or 2
18	15 x 11	165	1 or 2
19	15 x 11	165	1 or 2
20	15 x 11	165	1 or 2

The indoor living and dining areas measure a total of 1,040 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. If the facility has a married couple in any of the rooms, there should be at least one empty resident bedroom in the facility. The licensed capacity should never exceed 20 residents.

B. Program Description

Admission and discharge policies, the program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Divine Nest of Perry 2 INC intends to provide 24-hour supervision, protection and personal care to 20 male and female residents who are aged, physically handicapped or have been diagnosed with Alzheimer's or a related dementia in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents who are private pay as a referral source.

Divine Nest of Perry 2 Inc submitted a statement to serve residents diagnosed with Alzheimer's disease that meets all of the requirements of MCL 400.726b.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, parks, churches, shopping centers, and grocery stores. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications`

The applicant is Divine Nest of Perry 2 INC was established in Michigan on 8/15/2024. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Divine Nest of Perry 2 INC appointed Achal Patel as licensee designee and Cheri Weaver as administrator who have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Mr. Patel provided documentation to satisfy the qualifications and training requirements identified in the group home administrative licensing rules. Mr. Patel holds a doctorate degree in physical therapy from Des Moines University. Mr. Patel holds a degree in sports medicine and sports physical therapy. He has performed home care for the middle – aged and geriatric population as a licensed physical therapist for over 20 years.

Mr. Patel currently operates one licensed Adult Foster Care facility and has successfully since 9/18/2020. At his current facility, he provides personal care, supervision, and protection to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of related dementias. Mr. Patel also has experience caring for residents diagnosed with physical handicaps.

Ms. Weaver earned a Bachelor of Science degree from Eastern Michigan University and has successfully operated a licensed Adult Foster Care facility since 9/18/2013. She currently provides care to men and women who are aged and/or have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of related dementias within the Divine Nest organization, for two years.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicants have indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments reside on the main floor which is the only floor in the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of twenty (20) residents.



1/21/2025

Candace Coburn
Licensing Consultant

Date

Approved By:



1/22/2025

Michele Streeter
Section Manager

Date