



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2025

Achal Patel & Vivek Thakore
Divine Nest Assisted Living, LLC
2045 Birch Bluff Dr
Okemos, MI 48864

RE: License #: AL330387563
Divine Nest Assisted Living, LLC
4887 Hull Road
Leslie, MI 49251

Dear Mr. Patel & Mr. Thakore:

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,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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 #: AL330387563

Licensee Name: Divine Nest Assisted Living, LLC

Licensee Address: 4887 Hull Road
Leslie, MI 49251

Licensee Telephone #: (517) 878-6111

Licensee/Licensee Designee: Achal Patel & Vivek Thakore

Administrator: Cheri Lynn Weaver

Name of Facility: Divine Nest Assisted Living, LLC

Facility Address: 4887 Hull Road
Leslie, MI 49251

Facility Telephone #: (517) 878-6111

Original Issuance Date: 09/18/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2025

Date of Bureau of Fire Services Inspection if applicable: 2/19/25

Date of Health Authority Inspection if applicable: 11/14/24

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 16
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. The licensee designees do not hold cash funds for any of the current residents.
- 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
There is a current variance in place for Rule 315.3 regarding resident funds. I was able to review the electronic tracking system and verify room and board payments received for the resident records I reviewed today. There is also a variance in place for Rule 410.5 regarding a resident utilizing a recliner instead of a standard bed for sleeping purposes. I verified with the licensee, Achal Patel, and Administrator, Lynn Weaver, that this variance is still active.

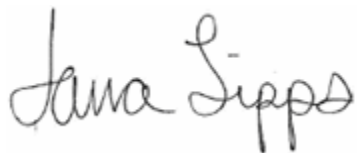
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



2/27/25

Jana Lipps
Licensing Consultant

Date