



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 4, 2025

Achal Patel
Divine Nest of Williamston INC
2045 Birch Bluff Dr
Okemos, MI 48864

RE: License #: AL330413975
Investigation #: 2025A0466018
Divine Nest Of Williamston INC

Dear Mr. Patel:

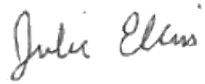
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL330413975
Investigation #:	2025A0466018
Complaint Receipt Date:	02/07/2025
Investigation Initiation Date:	02/10/2025
Report Due Date:	04/08/2025
Licensee Name:	Divine Nest of Williamston INC
Licensee Address:	2045 Birch Bluff Dr Okemos, MI 48864
Licensee Telephone #:	(517) 898-2431
Administrator:	Cheri Lynn Weaver
Licensee Designee:	Achal Patel
Name of Facility:	Divine Nest Of Williamston INC
Facility Address:	241 McCormick St WILLIAMSTON, MI 48895
Facility Telephone #:	(517) 655-5800
Original Issuance Date:	08/25/2023
License Status:	REGULAR
Effective Date:	02/24/2024
Expiration Date:	02/23/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION:

	Violation Established?
A resident (name unknown) fell and laid on the floor for nearly three hours before he was found.	No
A resident (name unknown) was not fed regularly.	No
The bathroom had not been cleaned for nearly two weeks.	No
Kitchen staff does not follow proper hygiene procedures.	No
Resident A's (name unknown) medications were not administered as prescribed.	No
Additional Findings	Yes

III. METHODOLOGY

02/07/2025	Special Investigation Intake 2025A0466018.
02/10/2025	Special Investigation Initiated - On Site.
02/10/2025	APS Referral not required, no suspected abuse/neglect.
04/04/2025	Exit Conference with licensee designee Achal Patel message could not be left as voicemail was not set up. Email sent.

ALLEGATION: A resident (name unknown) fell and laid on the floor for nearly three hours before he was found.

INVESTIGATION:

On 02/07/2025, anonymous Complainant reported that a resident (name unknown) fell and laid on the floor for nearly three hours before he was found. Complainant reported that this was verified by doctors who tested his blood in the hospital to determine how long he was inactive. Complainant reported a family member suffered while living there and he is no longer there. Complainant reported that this complaint is filed to help those who are still there and those who will be there in the future. Complainant was anonymous, so no additional information including the name of the resident or details regarding the allegation could be gathered.

On 2/10/2025, I conducted an unannounced investigation and I interviewed Ziza Gashi, community manager, who reported that she did not have any knowledge of any residents who fell and laid on the floor for nearly three hours before being found. Ms. Gashi reported that all residents are checked on at least every two hours if not more often. Ms. Gashi reported that Resident A required standby assistance and had one fall in September 2024 but because the fall did not require medical attention, an incident report was not completed. Ms. Gashi reported that Resident A no longer lives at the facility and that he moved out on 9/25/2024.

I reviewed Resident A's record which contained an *Assessment Plan for Adult Foster Care (AFC) Residents* dated 1/05/2024 and signed by Resident A's designated representative and licensee designee Achal Patel. In the "walking/mobility" section of the report it stated, "needs SBA for ambulation." Ms. Gashi reported that SBA stands for "stand by assistance." Resident A's record did not contain any documentation that he fell and laid on the floor for nearly three hours before he was found.

I also reviewed Resident B's resident records which contained an *Assessment Plan for AFC Residents* that was missing page 4 therefore a completion date and signatures could not be verified. In the "walking/mobility" section of the report it stated, "Able to walk short distances independently, uses a walker for longer distances." Resident B's record did not contain any documentation that he fell and laid on the floor for nearly three hours before he was found. Resident B moved out of the facility on 12/19/2024.

I interviewed direct care workers (DCW) Tabatha Krug who reported working at the facility for a year and DCW Laurie Decker reported that she started working at the facility in November. DCW Krug and DCW Decker both reported that all residents with fall risks have bed alarms. DCW Krug and DCW Decker reported that residents do fall at times, that all residents are checked on at least every two hours and some residents are checked on in 20-minute intervals if they have higher needs. DCW Krug and DCW Decker could not recall anytime a resident was fell and laid on the floor for nearly three hours before being found.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.

ANALYSIS:	An anonymous Complainant reported that a resident (name unknown) fell and laid on the floor for nearly three hours before he was found. Ms. Gashi, DCW Krug and DCW Decker could not recall anytime a resident was fell and laid on the floor for nearly three hours before being found. DCW Krug and DCW Decker reported that residents do fall and that all residents are checked on at least every two hours and some residents are checked on in 20-minute intervals if they have higher needs. Resident A and Resident B's records were reviewed and there was no evidence to support the allegation. Therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: A resident (name unknown) was not fed regularly.

INVESTIGATION:

On 02/07/2025, anonymous Complainant reported that a Resident (name unknown) was fed irregularly. Complainant reported a family member suffered while living there and he is no longer there. Complainant reported that this complaint is filled to help those who are still there and those who will be there in the future. Complainant was anonymous, so no additional information or details regarding the allegation could be gathered.

On 02/10/2025, I interviewed Ms. Gashi who reported that breakfast is typically served around 8 am, lunch around noon and dinner around 5pm and that snacks are offer and provided as requested. Ms. Gashi denied that any residents are fed irregularly and reported that all residents are offered three meals and snacks daily.

I interviewed cook Sherri Wheeler who both denied that any residents are fed irregularly. Cook Wheeler reported that mealtimes are 8 am for breakfast, noon for lunch and 5pm for dinner. Cook Wheeler reported that snacks are offered.

I interviewed DCW Krug and DCW Decker who both denied that any residents are fed irregularly. DCW Krug and DCW Decker reported that some residents refuse meals or do not like certain meals but that all meals and snacks are offered to every resident. DCW Krug and DCW Decker reported that mealtimes are 8 am for breakfast, noon for lunch and 5pm for dinner. DCW Krug and DCW Decker reported that snacks that are offered is cereal, crackers, popcorn, sandwiches and anything else that is available.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form,

	consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Ms. Gashi, cook Wheeler, DCW Krug and DCW Decker all reported that breakfast is typically served around 8 am, lunch around noon and dinner around 5pm. Ms. Gashi, cook Wheeler, DCW Krug and DCW Decker all reported snacks are offered and provided as requested. Ms. Gashi cook Wheeler, DCW Krug and DCW Decker all denied that any residents are fed irregularly and reported that all residents are offered three meals and snacks daily therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The bathroom had not been cleaned for nearly two weeks.

INVESTIGATION:

On 02/07/2025, anonymous Complainant reported that the bathroom had not been cleaned for nearly two weeks. Complainant reported a family member suffered while living there and he is no longer there. Complainant reported that this complaint is filled to help those who are still there and those who will be there in the future. Complainant was anonymous, so no additional information or details regarding the allegation could be gathered.

On 02/10/2025, I interviewed Ms. Gashi who reported that bathrooms are cleaned daily and sometimes more frequently if needed. Ms. Gashi is not aware of anytime a bathroom had not been cleaned for nearly two weeks. Ms. Gashi reported that no DCW, resident or family member has ever reported to her a concern about the cleanliness of a bathroom.

I interviewed DCW Krug and DCW Decker who both reported bathrooms are cleaned frequently and both denied that there was any time that any bathroom went for nearly two weeks without being cleaned. DCW Krug and DCW Decker both reported that no other DCW, resident nor family member has ever reported to her a concern about the cleanliness of a bathroom.

I interviewed cook Wheeler who reported that the bathrooms are clean at the facility.

I observed the bathrooms in the facility to be clean at the time of the unannounced investigation. The facility has three full bathrooms that are used by all of the residents.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Ms. Gashi cook Wheeler, DCW Krug and DCW Decker all reported that the bathrooms at the facility are clean and that there has never been a time when bathrooms went two weeks without being cleaned. At the time of the unannounced investigation the bathrooms were clean and therefore there was not enough evidence to support the allegation that was made.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Kitchen staff does not follow proper hygiene procedures.

INVESTIGATION:

On 02/07/2025, anonymous Complainant reported that the kitchen staff does not follow proper hygiene procedures, they do not wear hair nets or gloves and they do not properly clean service ware or utensils. Complainant reported that they rinse in lukewarm unbleached water after hand washing. Complainant was anonymous, so no additional information or details regarding the allegation could be gathered.

On 02/10/2025, I interviewed Ms. Gashi who reported that kitchen staff follow proper hygiene procedures. Ms. Gashi reported that they do not wear hair nets or gloves as they are not required but they do pull their hair back and wear hats. Ms. Gashi reported that all plates, cups silverware etc. are properly cleaned by handwashing or using the dishwasher. Ms. Gashi reported that they dishes are rinsed in bleached water for hand washing and that the water temperature of the facility is between 105 and 120-degrees Fahrenheit as required.

I interviewed Sherri Wheeler, facility cook, who reported that she does follow proper hygiene procedures by wear hats and pulling her hair back. Cook Wheeler reported that all plates, cups silverware etc. are properly cleaned by handwashing with bleach or by using the dishwasher. Cook Wheeler reported that for hand washing bleach water is also used and that the water temperature of the facility is as required by licensing. Ms. Wheeler reported that the dishwasher takes a long time to run and therefore there is not always enough time to run the dishes though the dishwasher between lunch and dinner however the dishes are always run though the dishwasher after dinner.

I interviewed DCW Krug and DCW Decker who both reported kitchen staff follow proper hygiene procedures by pulling their hair back and wearing hats. DCW Krug and DCW Decker both reported that all plates, cups silverware etc. are clean. DCW Krug and DCW Decker reported that the kitchen staff does the dishes, not direct

care staff. DCW Krug and DCW Decker both reported that they eat meals with the residents while on shift and that they eat using the plates and utensils provided without have any concern about hygiene and cleanliness.

APPLICABLE RULE	
R 400.15402	Food service.
	<p>(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.</p> <p>(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.</p>
ANALYSIS:	<p>Ms. Gashi, cook Wheeler, DCW Krug and DCW Decker all reported kitchen staff follow proper hygiene procedures. Ms. Gashi, cook Wheeler, DCW Krug and DCW Decker all reported they do not wear hair nets or gloves as those items are not required but staff pull their hair back and wear hats. Ms. Gashi and cook Wheeler reported that all plates, cups silverware etc. are properly cleaned by handwashing or using the dishwasher. Ms. Gashi reported dishes are rinse in bleached water for hand washing and that the water temperature of the facility is between 105 and 120-degrees Fahrenheit as required by licensing. Therefore there is not enough evidence to establish a violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: A resident's (name unknown) medications were not administered as prescribed.

INVESTIGATION:

On 02/07/2025, anonymous Complainant reported that a resident's (name unknown) medications were not administered consistently, at the correct time and often not as prescribed. Complainant reported that medications were not administered with food when prescribed to be given 1 hour prior to a meal. Complainant reported a family member suffered while living there and he is no longer there. Complainant reported that this complaint is filled to help those who are still there and those who will be there in the future. Complainant was anonymous, so no additional information about the residents name or details regarding the allegation could be gathered.

On 02/10/2025, I interviewed Ms. Gashi who reported all resident medications are administered consistently, at the correct time and as prescribed including medications that require food to be given 1 hour prior to a meal.

I interviewed DCW Krug and DCW Decker who both reported all resident medications are administered consistently, at the correct time and as prescribed including medications that require food to be given 1 hour prior to a meal.

Medication administration records (MAR)s for discharged residents could not be reviewed as they were no longer accessible through the computerized MAR system and these documents were not printed nor available for review at the time of the unannounced investigation. At the time of the investigation Ms. Gashi reported she would follow up with the pharmacy to see if the MARs could be retrieved and provide them to me via email. As of the writing of this report no documents or communication was received from Ms. Gashi. Medications were not available to review because the resident referred to in this complaint had been discharged and the resident's name was not provided. Ms. Gashi reported that the facility did not have any prescribed medications for residents that had been discharged.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Complainant reported that a resident's (name unknown) medications were not administered consistently, at the correct time and often not as prescribed. Complainant reported that medications were not administered with food when prescribed to be given 1 hour prior to a meal and that this resident no longer resides at the facility. Ms. Gashi, DCW Krug and DCW Decker all reported that all resident medications are administered consistently, at the correct time and as prescribed including medications that require food to be given 1 hour prior to a meal. Previously discharged resident medications were no longer available for review and the MARs were also not available for review. Therefore there was not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

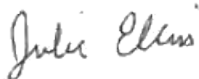
On 02/10/2025, I conducted an unannounced investigation and I interviewed Ms. Gashi who reported that MARs for discharged residents could not be obtained as they were no longer accessible through the computerized MAR system and these documents were not printed nor available for review at the time of the unannounced investigation. At the time of the investigation Ms. Gashi reported that she would follow up with the pharmacy to see if the MARs could be retrieved and provide them

to me via email. As of the writing of this report no documents or communication was received from Ms. Gashi. Resident medications in the pharmacy prescribed containers were not available to review as the complaint was about a resident that has been discharged. Ms. Gashi reported that the facility did not have any prescribed medications for any residents that had been discharged

APPLICABLE RULE	
R 400.15316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(ii) Medication logs.</p> <p>(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.</p>
ANALYSIS:	At the time of the unannounced investigation the facility did not have medication administration records available for review for discharged residents therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan I recommend no change in license status.



04/04/2025

Julie Elkins
Licensing Consultant

Date

Approved By:



04/04/2025

Dawn N. Timm
Area Manager

Date