



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2025

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

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

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) 335-5985.

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

License #:	AL780418810
Licensee Name:	Divine Nest of Perry 2 Inc
Licensee Address:	2045 Birch Bluff Dr Okemos, MI 48854
Licensee Telephone #:	(517) 625-5650
Licensee/Licensee Designee:	Achal Patel
Administrator:	Cheri Weaver
Name of Facility:	Divine Nest of Perry 2
Facility Address:	521 E. First St Perry, MI 48872
Facility Telephone #:	(517) 625-5650
Original Issuance Date:	01/27/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/17/2025

Date of Bureau of Fire Services Inspection if applicable: 12/1/24, used Olive Branch

Date of Health Authority Inspection if applicable: Public Water and Sewer

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed 2 Role: Admin and DON

- 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 ☐
Resident Funds II Form for room and board use a separate accounting program.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

07/17/25

Bridget Vermeesch
Licensing Consultant

Date