

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 1, 2025

Sonya Smith Divinity Facility LLC PO BOX 479 St. Clair Shores, MI 48080

RE: License #: AS820365649

Divinity Facility 35523 Avondale Westland, MI 48186

Dear Ms. Smith:

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) 456-0439.

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 #:** AS820365649

Licensee Name: Divinity Facility LLC

**Licensee Address:** 35523 Avondale

Westland, MI 48186

**Licensee Telephone #:** (313) 805-4727

Licensee/Licensee Designee: Sonya Smith, Designee

Administrator:

Name of Facility: Divinity Facility

Facility Address: 35523 Avondale

Westland, MI 48186

**Facility Telephone #:** (313) 805-4727

Original Issuance Date: 02/03/2015

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

### II. METHODS OF INSPECTION

Date of On-site Inspection(s):	08/01/2025
Date of Bureau of Fire Services Inspection if ap	oplicable:
Date of Health Authority Inspection if applicable	e:
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  1 Role: Licens	1 1 see Designee
<ul> <li>Medication pass / simulated pass observe A worksheet inspection was completed.</li> <li>Medication(s) and medication record(s) re</li> </ul>	
<ul> <li>Resident funds and associated documents Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes A full worksheet inspection was completed.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no,</li> </ul>	s
Fire safety equipment and practices obser	ved? Yes ⊠ No □ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification of the first of th</li></ul>	•,
<ul> <li>Incident report follow-up? Yes ☐ No ☒ N/A</li> <li>Corrective action plan compliance verified N/A ☒</li> <li>Number of excluded employees followed-up.</li> </ul>	? Yes CAP date/s and rule/s:
<ul> <li>Variances? Yes (please explain) No</li> </ul>	□ N/A ⊠

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

## R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection fire drills were not completed during all required time frames. There were no sleeping hour drills completed in 2025.

#### R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At the time of inspection, the water temperature was 136 degrees.

#### R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, the back screen door was equipped with locking against egress hardware.

#### IV. RECOMMENDATION

Contingent upon receipt of an	acceptable corrective	action plan, r	enewal of the	license
is recommended.				

LaKeitha Stevens Date Licensing Consultant