



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 1, 2025

Happiness Nwaopara  
Divine Care Inc.  
6400 Royal Pointe Drive  
West Bloomfield, MI 48322

RE: License #: AS820415477  
Investigation #: 2025A0101031  
Divine Care: Bennett

Dear Ms. Nwaopara:

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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820415477
<b>Investigation #:</b>	2025A0101031
<b>Complaint Receipt Date:</b>	07/14/2025
<b>Investigation Initiation Date:</b>	07/15/2025
<b>Report Due Date:</b>	09/12/2025
<b>Licensee Name:</b>	Divine Care Inc.
<b>Licensee Address:</b>	6400 Royal Pointe Drive West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(248) 346-4397
<b>Administrator:</b>	Happiness Nwaopara
<b>Licensee Designee:</b>	Happiness Nwaopara, Designee
<b>Name of Facility:</b>	Divine Care: Bennett
<b>Facility Address:</b>	27129 Bennett Redford, MI 48240
<b>Facility Telephone #:</b>	(313) 543-3033
<b>Original Issuance Date:</b>	06/07/2023
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/07/2023
<b>Expiration Date:</b>	12/06/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED
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**II. ALLEGATION(S)**

	Violation Established?
Resident A defecated on his bedroom floor. Resident A is supposed to have one-on-one supervision.	Yes

**III. METHODOLOGY**

07/14/2025	Special Investigation Intake 2025A0101031
07/14/2025	APS Referral
07/15/2025	Special Investigation Initiated - Telephone ORR Enda Green and Michelle Livous
08/01/2025	Inspection Completed On-site Spoke with licensee designee Happiness Nwaopara
08/11/2025	Contact – Document received Incident report treatment plan
08/22/2025	Contact – Telephone call made Direct care staff Tyrine Johnson
08/22/2025	Contact – Telephone call made Guardian A1
08/22/2025	Exit Conference

**ALLEGATION: Resident A defecated on his bedroom floor. Resident A is supposed to have one-on-one supervision.**

**INVESTIGATION:** On 08/01/2025, I spoke with the licensee designee Happiness Nwaopara. Ms. Nwaopara stated that on 07/10/2025, direct care staff Tyrine Johnson was Resident A’s one-on-one staff. Ms. Nwaopara stated that Mr. Johnson thought Resident A was asleep. Ms. Nwaopara stated since Resident A appeared to be asleep, Mr. Johnson went to use the bathroom. Ms. Nwaopara stated while Mr. Johnson was using the bathroom Resident A defecated on the floor. Ms. Nwaopara stated Mr. Johnson receive disciplinary action for this infraction, he was written up and he received a one-day suspension without pay.

On 08/11/2025, I reviewed Resident A's treatment plan. According to Resident A's treatment plan he requires one-on-one staffing due to a history of physical aggression, elopement, property damage and fecal smearing/urinating on items.

On 08/23/2025, I spoke with direct care staff Tyrin Johnson. Mr. Johnson acknowledged that he was Resident A's one-on-one staff on 07/10/2025, when Resident A defecated on the floor. Mr. Johnson stated Resident A appeared to be asleep and therefore he thought it was okay to go to the bathroom. Mr. Johnson stated when he returned to Resident A's bedroom Resident A had defecated on the floor. Mr. Johnson stated he encouraged Resident A to clean it up and he wrote an incident report.

On 08/23/2025, I spoke with Guardian A1. Guardian A1 stated she was aware of this incident. Guardian A1 stated that she knows Mr. Johnson is human, but he should have asked another employee to watch Resident A while he went to the bathroom. Guardian A1 further stated that the care Resident A is receiving is good and there have been no other incidents.

On 08/22/2025, I conducted an exit conference with Ms. Nwaopara. Ms. Nwaopara agreed with my finding.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
<b>ANALYSIS:</b>	The licensee did not provide the supervision as specified in Resident A's treatment/assessment plan. According to Resident A's treatment plan he requires one-on-one supervision. According to Ms. Nwaopara and Mr. Johnson on 07/10/2025, Mr. Johnson was Resident A's one-on-one staff. According to them Resident A appeared to be asleep, and Mr. Jonson went to use the bathroom, leaving Resident A without one-on-one supervision.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon submission of an acceptable corrective action plan, I recommend the status of the license remains unchanged.



Edith Richardson  
Licensing Consultant

10/01/2025  
Date

Approved By:



10/01/2025

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Ardra Hunter  
Area Manager

Date