



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 2, 2026

Cheri Weaver
DIVINE LIVING CENTER OF MT PLEASANT 2 INC
SUITE 100
865 S CEDAR ST
MASON, MI 48854

RE: Application #: AL370419435
DIVINE LIVING CENTER OF MT PLEASANT 2 INC
5785 E BROADWAY RD
MT PLEASANT, MI 48858

Dear Ms. Weaver:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL370419435

Licensee Name: DIVINE LIVING CENTER OF MT PLEASANT
2 INC

Licensee Address: SUITE 100
865 S CEDAR ST
MASON, MI 48854

Licensee Telephone #: (989) 773-9421

Licensee Designee: Cheri Weaver

Administrator: Chelsea Lindsey

Name of Facility: DIVINE LIVING CENTER OF MT PLEASANT
2 INC

Facility Address: 5785 E BROADWAY RD
MT PLEASANT, MI 48858

Facility Telephone #: (989) 773-9421

Application Date: 04/15/2025

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODOLOGY

04/15/2025	On-Line Enrollment
04/16/2025	PSOR on Address Completed-
04/16/2025	Inspection Completed-Fire Safety: A - refer to AL370404605
04/16/2025	Contact - Document Sent - forms sent
08/21/2025	Contact - Document Received
08/22/2025	File Transferred To Field Office
08/26/2025	Application Incomplete Letter Sent - to Achal Patel, Chelsea Lindsey, and Cheri Weaver
09/03/2025	Contact - Document Received - Admission policy, discharge, refund, floor plans, resume, routine procedures, personnel policies.
10/15/2025	Application Incomplete Letter Sent - Updated letter sent with missing items
10/17/2025	Contact - Document Received - Zoning approval, program statement, TB results for Chelsea, job descriptions, Smoke detection system and backflow report from Boynton Fire Safety Service
11/13/2025	Contact - Document Received LD letter and financial statements
12/03/2025	Contact - Document Received - Boiler inspection
12/05/2025	Inspection Completed-BCAL Sub. Compliance - Met with Chelsea Lindsey
12/12/2025	Contact - Face to Face - Met with Cheri Weaver and Chelsea Lindsey
12/12/2025	Inspection Completed On-site - waiting for BFS approval after submitting corrective action plan.
12/12/2025	Inspection Completed- Env. Health- A Rating.
01/27/2026	Inspection completed – Fire Safety – A rating.
01/28/2026	Recommend license issuance

01/28/2026	Inspection Completed- BCAL Full Compliance
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Divine Living Center of Mt. Pleasant 2, Inc. is located in Mt. Pleasant, Michigan, on a large lot in Union Township. Divine Living Center of Mt. Pleasant 2 is owned by Divine Living Center of Mt. Pleasant 2, Inc. Divine Living Center of Mt. Pleasant 2 is attached to Divine Living Center of Mt. Pleasant 1, Inc, a second twenty bed licensed AFC facility which is identical in design and capacity. The facility is a one level, ranch in style on a cement slab with vinyl siding and connected by a breezeway between the two licensed AFC facilities. The connecting breezeway has approved firewalls and appropriately rated fire doors.

Divine Living Center of Mt. Pleasant 2, Inc. has an open floor plan with a living room, dining room, warming kitchen, laundry room, living room, one full bathroom, boiler mechanical room, staff break room and two offices. Divine Living Center of Mt. Pleasant 2, Inc. has seven bedrooms with private full resident bathrooms, ten bedrooms with semi-private Jack and Jill full resident bathrooms, and three resident bedrooms with no attached bathrooms.

Divine Living Center of Mt. Pleasant 2, Inc. is heated with natural gas and serviced by public utilities for water and sewage and has a boiler located in a room that is constructed of a material that has a 1 hour fire resistance rating and further protected by a fire rated door of 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The capacity of this facility will enable 20 residents to utilize street level bedrooms with three exit doors at ground level leading onto a cement slab or into the parking lot.

Divine Living Center of Mt. Pleasant 2, Inc. is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is also fully sprinkled as required. Fire extinguishers and emergency evacuation routes have been posted throughout the facility. The facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 01/22/2026.

An inspection pertaining to the administrative rules governing environmental health was conducted on 12/12/2025 by this consultant and the facility was found to be in substantial compliance with administrative rules pertaining to environmental health.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
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1	13'1" X 11'12"	157 sq. feet	1
2	13'2" X 9'2"	120 sq. feet	1
3	14'11" X 13"	194 sq. feet	2
4	13' X 9'3"	120 sq. feet	1
5	13' X 9'6"	124 sq. feet	1
6	13' X 9'3"	120 sq. feet	1
7	13'1" X 9'4"	122 sq. feet	1
8	13' X 9'6"	123 sq. feet	1
9	13' X 9'5"	122 sq. feet	1
10	13' X 9'5"	122 sq. feet	1
11	13' X 9'5"	122 sq. feet	1
12	13'1" X 9'3"	121 sq. feet	1
14	12'11" X 10'11"	141 sq. feet	1
15	13'1" X 9'6"	124 sq. feet	1
17	13'2" X 9'2"	121 sq. feet	1
19 A	12' X 10'11"	109 sq. feet	1
19 B	13' X 10'11"	142 sq. feet	1
20 A	11' X 14'	154 sq. feet	1
20 B	10'11" X 11'9"	128 sq. feet	1

Total: 20

There is no #13 resident bedroom. There is a sitting room in between 19A and 19B measuring 9'0 X 10'0 and a sitting room in between 20 A and 20 B measuring 17'6" X 9'10". The living, dining, and sitting room areas measure a total of 1072 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 20 male and female adults who are at least 55 years old and plans to care for residents under the following program types: aged, physically handicapped, and Alzheimer's disease or related conditions. The program will include social and community activities offered in the dining room. The applicant intends to accept referrals from veterans administration, hospitals, Medicaid waiver, local DHHS offices, and residents with private sources for payment.

Divine Living Center of Mt. Pleasant 2, Inc. submitted a statement to serve residents diagnosed with Alzheimer's disease that meets all the requirements of MCL 400.726b. If required, behavioral intervention and crisis intervention programs will be developed and

identified in the assessment plan. These interventions shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the Public Library, local museums, churches and local festivals. The Mount Pleasant area offers large city activities such as the casino, concerts, park, and shopping centers. These resources provided an environment to enhance the quality of life and increase the independence of the residents.

C. Applicant and Administrator Qualifications

The applicant is Divine Living Center of Mt. Pleasant 2, Inc which is a “For Profit Corporation” established in Michigan, on 01/30/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Divine Living Center of Mt. Pleasant 2, Inc. have submitted documentation appointing Cheri Weaver as Licensee Designee for this facility and Chelsea Lindsey as the Administrator of the facility.

Licensee designee, Ms. Weaver earned a Bachelor of Science degree from Eastern Michigan University and has successfully operated a licensed Adult Foster Care facility since 9/18/2013. She currently provides care to men and women who are aged and/or have numerous other physical health diagnoses including Alzheimer’s disease and/or various stages of dementia. Ms. Weaver has served as the administrator for other licensed adult foster care facilities and has a background in dietary management.

Administrator, Ms. Lindsey has served as the administrator of this facility (operated under a different owner and license number) for the past six years. Ms. Lindsey earned a Bachelor of Arts degree from Eastern Michigan University and has a background in activities and has experience working as a direct care staff member. Ms. Lindsey is also a Certified Dementia Practitioner certified through National Council of Certified Dementia Practitioners.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current negative communicable disease results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of two staff to 20 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident

and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule / Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).

Jennifer Browning

01/28/2026

Jennifer Browning
Licensing Consultant

Date

Approved By:

Dawn Timm

02/02/2026

Dawn N. Timm
Area Manager

Date