



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 17, 2026

Achal Patel  
Divine Life Assisted Living Center 1, LLC  
2045 Birch Bluff Drive  
OKEMOS, MI 48864

RE: License #: AM190404916  
**Divine Life Assisted Living Center 1**  
**607 Turner Street**  
**DeWitt, MI 48820**

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 #:** AM190404916

**Licensee Name:** Divine Life Assisted Living Center 1, LLC

**Licensee Address:** 607 Turner Street  
DeWitt, MI 48820

**Licensee Telephone #:** (517) 277-0544

**Licensee Designee:** Achal Patel

**Administrator:** Cheri Weaver

**Name of Facility:** Divine Life Assisted Living Center 1

**Facility Address:** 607 Turner Street  
DeWitt, MI 48820

**Facility Telephone #:** (517) 277-0544

**Original Issuance Date:** 11/18/2020

**Capacity:** 11

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/17/2026

Date of Bureau of Fire Services Inspection if applicable: 08/07/2025, 08/15/2024, 08/18/2025, 08/30/2024

Date of Health Authority Inspection if applicable: 12/09/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Administrator

- 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

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult medium group home capacity 12.

*Bridget Vermeesch*

03/17/2026

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Bridget Vermeesch  
Licensing Consultant

Date