GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2026

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

RE: Application #: AS820420309
Divine Care: Kinloch
16950 Kinloch
Redford, MI 48240

Dear Ms. Nwaopara:

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 6 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 (313) 456-0380.

Sincerely,

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-1934

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820420309
Applicant Name:	Divine Care Inc.
Applicant Address:	6400 Royal Pointe Drive West Bloomfield, MI 48322
Applicant Telephone #:	(248) 346-4397
Administrator/Licensee Designee:	Happiness Nwaopara, Designee
Name of Facility:	Divine Care: Kinloch
Facility Address:	16950 Kinloch Redford, MI 48240
Facility Telephone #:	(313) 286-3454
Application Date:	02/17/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/17/2026	Enrollment
02/17/2026	PSOR on Address Completed
02/17/2026	Application Incomplete Letter Sent 1326 needs signature and new Fingerprints are required
02/17/2026	Contact - Document Sent forms sent via email
02/20/2026	Contact - Document Received 1326/RI030
02/20/2026	File Transferred To Field Office
02/24/2026	Application Incomplete Letter Sent
06/03/2026	Contact - Document Received
06/14/2026	Contact - Document Received
06/24/2026	Contact - Document Received
06/24/2026	Application Complete/On-site Needed
07/10/2026	Inspection Completed On-site
07/12/2026	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Facility Location and Neighborhood Overview:

The facility is located in a residential neighborhood within Redford Township. It is conveniently situated near major roadway, including Six Mile Road, Beech Daly Road, Grand River Avenue, Telegraph Road (US 24) and I-96.

The surrounding neighborhood consists primarily of single-family homes and offers convenient access to a variety of essential community resources. The facility is located within five to ten minute drive from amenities such as the Redford Township Library, grocery stores, pharmacies, banks, restaurants, convenience stores, churches, parks behavioral health providers, medical offices, and hospital and emergency rooms on Inkster Road and Grand River Road.

Parking is available in the home attached driveway, with additional street parking and convenient access for residents, visitors and emergency vehicles.

The facility utilizes both public water and sewage systems.

Ownership and Inspection Authorization Section:

The owner of the home is Bertram Nwaopara the licensee designee/administrator's husband. Mrs. Bertram submitted a copy of the warranty deed and documentation giving her permission to use the home for the purpose of adult foster care. Mrs. Bertram also submitted documentation giving the Department permission to inspect the property.

Description of Facility, Layout, and Interior/Exterior Arrangement:

The facility is a ranch style dwelling with a basement and attached garage. The primary means of egress is the front door, and the secondary means of egress is the rear door. The facility does have a wheelchair ramp at the two approved means of egress from the first floor; therefore, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The facility consists of a living room, a family/dining area, kitchen, five bedrooms and two full bathrooms. The bathrooms consist of a toilet, sink, walk in shower and a window and a mechanical fan for ventilation.

The home has an open unfinished basement. The basement contains two gas furnaces, two hot water tanks, a washer and electric dryer.

There is a 90-minutes fire rated door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on 06/11/2026, and 06/19/2026, by a licensed service provider respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 06/19/2026, and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, and similar spaced along with all areas that contain flame or heat producing equipment.

The facility's backyard is surrounded by a chain link fence. The applicant acknowledged an understanding the gates must not be locking against egress

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	19 X 12	228	2
2	11 X 12	132	1
3	11 X 12	132	1
4	11 X 12	132	1
5	11 X 14	154	1

The living, dining, and sitting room areas measure a total of 329 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 **six** (6) 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **six** (**6**) both male and female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and physically handicapped in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from Detroit Wayne Integrated Health Network as a referral source.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. The applicant shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Divine Care, Inc., which is a profit corporation that was established in Michigan on 10/26/2015. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 Care Inc have submitted documentation appointing Happiness Nwaopara as the Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Happiness Nwaopara. The licensee designee/administrator submitted a medical clearance with a statement from a physician documenting the licensee designee's/administrator's good health, dated 02/29/2026.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 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 (ensure this matches their program statement).

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 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 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 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, 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 of the resident's 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care (small) group home (capacity 1 - 6).

07/23/2026
Date

Edith Richardson
Licensing Consultant

Approved By:

07/30/2026
Date

Ardra Hunter
Area Manager