



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 21, 2026

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

RE: License #: AL370419435  
Investigation #: 2026A0622056  
DIVINE LIVING CENTER OF MT PLEASANT 2 INC

Dear Ms. Weaver:

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 (517) 335-5985.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', written in a cursive style.

Amanda Blasius, 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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

|                                       |                                                |
|---------------------------------------|------------------------------------------------|
| <b>License #:</b>                     | AL370419435                                    |
| <b>Investigation #:</b>               | 2026A0622056                                   |
| <b>Complaint Receipt Date:</b>        | 08/05/2026                                     |
| <b>Investigation Initiation Date:</b> | 08/05/2026                                     |
| <b>Report Due Date:</b>               | 10/04/2026                                     |
| <b>Licensee Name:</b>                 | DIVINE LIVING CENTER OF MT PLEASANT 2<br>INC   |
| <b>Licensee Address:</b>              | SUITE 100<br>865 S CEDAR ST<br>MASON, MI 48854 |
| <b>Licensee Telephone #:</b>          | (989) 773-9421                                 |
| <b>Administrator:</b>                 | Chelsea Lindsey                                |
| <b>Licensee Designee:</b>             | Cheri Weaver                                   |
| <b>Name of Facility:</b>              | DIVINE LIVING CENTER OF MT PLEASANT 2          |
| <b>Facility Address:</b>              | 5785 E BROADWAY RD<br>MT PLEASANT, MI 48858    |
| <b>Facility Telephone #:</b>          | (989) 773-9421                                 |
| <b>Original Issuance Date:</b>        | 02/02/2026                                     |
| <b>License Status:</b>                | REGULAR                                        |
| <b>Effective Date:</b>                | 08/02/2026                                     |
| <b>Expiration Date:</b>               | 08/01/2028                                     |
| <b>Capacity:</b>                      | 20                                             |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>AGED<br>ALZHEIMERS   |

## II. ALLEGATION(S)

|                                                                                                         | Violation<br>Established? |
|---------------------------------------------------------------------------------------------------------|---------------------------|
| Hot water does not work properly, and residents receive cold/lukewarm showers.                          | Yes                       |
| Residents have falls due to unsafe conditions in the building.                                          | No                        |
| Resident B uses a sit to stand to assist with transfers which are completed with only one staff member. | No                        |
| Resident A frequently runs out of briefs.                                                               | No                        |
| Additional Findings                                                                                     | Yes                       |

## III. METHODOLOGY

|            |                                                                                                                                                   |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 08/05/2026 | Special Investigation Intake<br>2026A0622056                                                                                                      |
| 08/05/2026 | Special Investigation Initiated – Telephone call to direct care workers, Cierra Farrell and Cheyanne Jackson.                                     |
| 08/05/2026 | No suspicions of abuse or neglect, therefore no APS referral needed.                                                                              |
| 08/13/2026 | Additional complaints received                                                                                                                    |
| 08/13/2026 | Email to complainant                                                                                                                              |
| 09/08/2026 | Inspection Completed On-site                                                                                                                      |
| 09/16/2026 | Contact - Telephone call made to direct care worker, Alexis DeLong. Voicemails left for direct care workers, Melanie Rogers and Montana Crawford. |
| 09/17/2026 | Contact- Telephone call made to direct care workers, Allie Platte                                                                                 |
| 9/21/2026  | Exit conference with licensee designee, Cheri Weaver                                                                                              |

**ALLEGATION: Hot water does not work properly, and residents receive cold and/or lukewarm showers.**

### INVESTIGATION:

On 08/13/2026, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, the hot water does not work properly, so residents receive cold and/or lukewarm showers.

On 09/08/2026, I completed an unannounced onsite investigation. During the investigation, I tested the water temperature at two separate faucets, which tested at 100 degrees.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                        |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.645</b>       | <b>Environmental health.</b>                                                                                                                                                                                                           |
|                        | <b>(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.</b> |
| <b>ANALYSIS:</b>       | A violation has been established as during the unannounced onsite investigation, the water temperature tested at 100 degrees Fahrenheit at two separate faucets which is not as warm as required.                                      |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>                                                                                                                                                                                                           |

**ALLEGATION:**

- **Residents have falls due to unsafe conditions in the building.**
- **Multiple showers and toilets are leaking.**

**INVESTIGATION:**

On 08/13/2026, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, Resident C tripped over a floor strip and hit his head. According to the complaint, staff pointed out the tripping hazard after they had tripped over it themselves. The complaint alleged it was not replaced until a resident hurt themselves.

On 08/13/2026, an email was sent to Complainant. As of 9/21/2026, no response has been received.

On 09/08/2026, I conducted an unannounced onsite investigation. As part of the inspection, all bathrooms were observed. No signs or conditions indicative of leaking toilets or showers were identified during the walkthrough.

On 09/08/2026, during my onsite inspection of the facility, I observed no unsafe conditions, including tripping hazards, within the building that would lead to a resident falling.

On 09/08/2026, I interviewed administrator Chelsea Lindsey in person. She stated that Resident D fell over a floor strip within the dining room. DCW Lindsey stated that staff tried to secure the floor strip to the floor until maintenance could arrive the next day to replace it. DCW Lindsey provided an incident report, which described

Resident C's fall. According to the incident report dated 6/16/26, "resident was approaching staff and tripped over the transition strip by the laundry room door. Resident fell onto his right side and hit his head on the floor. Resident had a small laceration above his right eyebrow. EMS was called and resident was sent out."

On 09/08/2026, I viewed the identified floor strip and observed a metal floor strip in place and securely fastened to the floor.

On 09/08/2026, I interviewed direct care worker, Sophia Inocencio in person. She reported that she feels that maintenance issues are fixed in an appropriate timeframe and the floor strip that Resident C fell over was getting loose and was fixed within that week. DCW Inocencio reported that she does not feel the home has unsafe conditions that leads to resident injuries.

On 09/08/2026, I interviewed direct care worker, Megan McCarthy in person. She stated that there is no delay in home maintenance, which is leading to residents falls. She had no additional information on Resident C falling over a floor strip.

On 09/08/2026, I interviewed direct care worker, Alexis Delong via phone. She reported that there was a trip hazard in memory care and it took a couple months to fix the hazard. DCW Delong was unable to provide a timeframe.

On 09/08/2026, I interviewed direct care worker, Allie Platte via phone. She stated that she is unaware of any resident falling due to a loose floor strip.

| <b>APPLICABLE RULE</b> |                                                                                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.647</b>       | <b>Safety and maintenance of premises.</b>                                                                                                    |
|                        | <b>(1) A facility must be constructed, arranged and maintained to provide adequately for the health, safety, and well-being of occupants.</b> |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ANALYSIS:</b>   | Based on the unannounced onsite investigation conducted on 09/08/2026 and interviews with direct care workers, no safety concerns were identified within the building that would pose a risk of injury to residents. It was confirmed that the loose floor strip associated with Resident C's fall was replaced the following day. Due to the lack of evidence observed during the onsite investigation and through staff interviews, a violation was not established, as there was insufficient information to determine whether Divine Living Center of Mt. Pleasant 2 failed to replace the floor strip within an appropriate timeframe to prevent resident falls. |
| <b>CONCLUSION:</b> | <b>VIOLATION NOT ESTABLISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**ALLEGATION: Resident B uses a sit to stand to assist with transfers which are completed with only one staff member.**

**INVESTIGATION:**

On 08/13/2026, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, Resident B uses a sit to stand to assist with transfers which are completed with only one direct care staff member. No additional information was provided.

On 08/13/2026, an email was sent to Complainant. As of 9/21/2026, no response has been received.

On 09/08/2026, I completed an unannounced onsite investigation. During the unannounced onsite investigation, I viewed the staff schedule which included at least two staff members per shift. I also viewed documents for Resident B. According to Resident B's *Assessment Plan for AFC Residents*, she requires a sit to stand, along with two direct care workers for transfers.

On 09/08/2026, I interviewed administrator, Chelsea Lindsey in person. She confirmed that Resident B has a sit to stand, and two staff members are always required to assist her. DCW Lindsey reported that she was not aware of any staff members using Resident B's sit to stand alone.

On 09/08/2026, I interviewed direct care worker, Sophia Inocencio in person. She reported that she has worked at the home for one year and has worked all shifts. She stated that she has never worked alone in the building. DCW Inocencio reported that she has never used Resident B's sit to stand alone, nor observed any of her co-workers use the sit to stand alone.

On 09/08/2026, I interviewed direct care worker, Megan McCarthy in person. She reported that she has worked at the home for two years and has never worked

alone. DCW McCarthy reported that Resident B does have a sit to stand and she has never used the sit to stand alone, nor observed any other staff member use the assistive device alone. DCW McCarthy also stated that Resident B is very patient and prefers to wait for staff to assist her.

On 09/08/2026, I interviewed direct care worker, Cheyenne Jackson in person. She reported that she has worked at the home for 12 years and she has not worked alone in the home. She stated that no staff member assists Resident B with the sit to stand alone.

On 9/16/2026, I interviewed direct care worker, Alexis DeLong via phone. She reported that she has never worked alone in the building and has not assisted Resident B with the sit to stand alone, nor witnessed any co-workers using it alone.

On 9/16/2026, I interviewed direct care worker, Allie Platte via phone. DCW Platte stated that she has never worked alone in the building and has not assisted Resident B with the sit to stand alone, nor witnessed any co-workers using it alone.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.671</b>       | <b>Resident Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                        | <b>(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.</b>                                                                                                     |
| <b>ANALYSIS:</b>       | Based on interviews conducted with multiple direct care workers, no evidence was found that direct care staff assisted Resident B with the sit-to-stand device without assistance. Staff schedules and interview responses confirmed that two direct care workers are consistently on shift. Therefore, a violation was not established, as staff are providing supervision and personal care in accordance with Resident B's assessment plan. |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                               |

**ALLEGATION: Resident A frequently runs out of briefs.**

**INVESTIGATION:**

On 08/05/2026, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, Resident A frequently runs out of briefs.

On 08/05/2026, licensing consultant, Jennifer Browning interviewed direct care workers (DCWs), Cierra Farrell and Cheyanne Jackson via phone. Direct care worker, Cierra Farrell reported that Resident A often runs out of briefs and he has to borrow briefs from another resident, which is not permitted. DCW Farrell stated that Resident A recently received a shipment of briefs and barrier cream. Direct care worker, Cheyanne Jackson reported no concerns regarding residents' access to briefs and wipes.

On 09/08/2026, I completed an unannounced onsite investigation to Divine Living Center of Mt. Pleasant 2. During the unannounced onsite investigation, I viewed Resident A's briefs, along with a full closet of extra briefs available for residents who might run out.

On 09/08/2026, I interviewed administrator Chelsea Lindsey in person. She reported that hospice provides briefs for Resident A and if he does run out, there are extra incontinence briefs in the hallway closet, but they are tab pull briefs.

On 09/08/2026, I interviewed direct care worker Sophia Inocenco in person and she stated that briefs and wipes are always available for any resident and she tries to inform management when a resident has one pack left and that additional briefs need to be ordered.

On 09/08/2026, I interviewed direct care worker Megan McCarthy in person she reported that if a resident is out of briefs, there are extra briefs in the hallway closets for residents to use. She stated that sometimes some residents experience a delay in briefs being delivered due to being on the waiver program.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.677</b>       | <b>Resident hygiene, clothing.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                        | <p><b>(2) A licensee shall ensure the resident receives or has access to all of the following:</b></p> <p><b>(d) Availability of all the following resident hygiene supplies:</b></p> <ul style="list-style-type: none"> <li><b>(i) Deodorant.</b></li> <li><b>(ii) Feminine hygiene products.</b></li> <li><b>(iii) Razors and shaving cream.</b></li> <li><b>(iv) Shampoo.</b></li> <li><b>(v) Soap.</b></li> <li><b>(vi) Toothpaste.</b></li> <li><b>(vii) Toothbrushes.</b></li> <li><b>(viii) Toilet paper.</b></li> </ul> |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ANALYSIS:</b>   | Based on interviews and observations of backup brief supplies during the unannounced onsite investigation conducted on 09/08/2026, it was determined that Resident A has adequate access to briefs within the home. A closet containing additional briefs was observed and is available for Resident A's use if his hospice shipment is delayed. Therefore, a violation was not established, as Resident A has continued access to necessary brief supplies should his hospice-provided inventory be temporarily depleted. |
| <b>CONCLUSION:</b> | <b>VIOLATION NOT ESTABLISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

On 09/08/2026, I completed an unannounced onsite investigation at Divine Living Center of Mt. Pleasant 2. During my unannounced onsite investigation, I walked through the building and observed a hole in the wall with drywall pieces and dust on the floor in a resident's bathroom. The bathroom was connected to resident room twelve. Administrator Chelsea Lindsey stated that a resident must have hit the wall with their wheelchair.

| <b>APPLICABLE RULE</b> |                                                                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.647</b>       | <b>Safety and maintenance of premises.</b>                                                                                                               |
|                        | <b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b>                                                          |
| <b>ANALYSIS:</b>       | During the unannounced onsite investigation, I observed a hole in the resident bathroom wall connected to resident bedroom 12 leaving it in poor repair. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>                                                                                                                             |

#### **INVESTIGATION:**

On 09/08/2026, I completed an unannounced onsite investigation at Divine Living Center of Mt. Pleasant 2. During my unannounced onsite investigation, I walked through the building and discovered that a half bathroom located off the main living area did not have ventilation that was working properly. A resident half bathroom located between rooms six and eight also did not have properly working ventilation. Both bathrooms did not contain a window that could be used for ventilation.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                 |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.655</b>       | <b>Bathrooms</b>                                                                                                                                                |
|                        | <b>(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.</b> |
| <b>ANALYSIS:</b>       | A violation was established, as it was determined that two bathrooms without windows had ventilation systems that were not functioning properly.                |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>                                                                                                                                    |

**INVESTIGATION:**

On 09/08/2026, I completed an unannounced onsite investigation at Divine Living Center of Mt. Pleasant 2. During my unannounced onsite investigation, I viewed all toilets and found two toilets that needed to be cleaned. The two toilets were located in resident rooms two and six. I observed dark rings and discoloration around the waterline, along with hard-water mineral buildup, which was the color of brown and green.

On 09/08/2026, I interviewed administrator, Chelsea Lindsey in person. She stated that the toilets were hard to clean due to the hard water build up and they don't have toilet cleaner onsite that will remove it.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                                                                                                                                      |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.647</b>       | <b>Safety and maintenance of premises.</b>                                                                                                                                                                                                                                                                                                           |
|                        | <b>(2) Home furnishings and housekeeping standards must present a comfortable, clean and orderly appearance.</b>                                                                                                                                                                                                                                     |
| <b>ANALYSIS:</b>       | During the unannounced onsite investigation conducted on 09/08/2026, two toilets had discoloration around the waterline and visible hard-water mineral buildup in brown and green hues. This condition did not meet required housekeeping standards, and a violation was established due to the failure to maintain a clean and sanitary appearance. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>                                                                                                                                                                                                                                                                                                                         |

#### IV. **RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains the same.



09/21/2026

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Amanda Blasius  
Licensing Consultant

Date

Approved By:



09/21/2026

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Dawn N. Timm  
Area Manager

Date