



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 13, 2023

Clarence Rivette  
The Cottage of Davison Inc  
1515 Cal Dr.  
Davison, MI 48423

RE: License #: AL250337633  
**The Cottage of Davison  
Suite A  
1515 Cal Drive  
Davison, MI 48423**

Dear Clarence Rivette:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

**License #:** AL250337633

**Licensee Name:** The Cottage of Davison Inc

**Licensee Address:** 1515 Cal Dr.  
Davison, MI 48423

**Licensee Telephone #:** (810) 653-7343

**Licensee/Licensee Designee:** Clarence Rivette, Designee

**Administrator:** Melissa Taylor

**Name of Facility:** The Cottage of Davison

**Facility Address:** Suite A  
1515 Cal Drive  
Davison, MI 48423

**Facility Telephone #:** (810) 653-7343

**Original Issuance Date:** 05/24/2013

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/03/2023  
Date of Bureau of Fire Services Inspection if applicable: 10/26/2023  
Date of Health Authority Inspection if applicable: 11/03/2023  
No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 13  
No. of others interviewed 0 Role: [REDACTED]

- 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:  
11/24/21--204 (3)©, 407 (4)
- 6/15/23--308 (2)(f)(ii)(iv) 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 2-year regular adult foster care license.

*Christopher A. Holvey*

11/13/2023

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Christopher Holvey  
Licensing Consultant

Date