



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 2, 2026

Rochelle Lyons  
Senior Living Devonshire, LLC  
7927 Nemco Way, Ste 200  
Brighton, MI 48116

RE: License #: AL440406520  
**Devonshire Retirement Village Specialized Care**  
**105 Devonshire Drive**  
**Lapeer, MI 48446**

Dear Ms. Lyons:

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.

**OR**

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The regular license is valid only at your present address and is nontransferable.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

**OR**

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

Martin Gonzales, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

|                                    |                                                   |
|------------------------------------|---------------------------------------------------|
| <b>LicenseLicense #:</b>           | AL440406520                                       |
| <b>Licensee Name:</b>              | Senior Living Devonshire, LLC                     |
| <b>Licensee Address:</b>           | 7927 Nemco Way, Ste 200<br>Brighton, MI 48116     |
| <b>Licensee Telephone #:</b>       | (810) 538-2533                                    |
| <b>Licensee/Licensee Designee:</b> | Rochelle Lyons, Designee                          |
| <b>Administrator:</b>              |                                                   |
| <b>Name of Facility:</b>           | Devonshire Retirement Village Specialized<br>Care |
| <b>Facility Address:</b>           | 105 Devonshire Drive<br>Lapeer, MI 48446          |
| <b>Facility Telephone #:</b>       | (586) 255-7301                                    |
| <b>Original Issuance Date:</b>     | 08/05/2021                                        |
| <b>Capacity:</b>                   | 20                                                |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>AGED                    |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/09/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed

Role:

- 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

This facility was determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

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



#### **IV. RECOMMENDATION**

Choose one:

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

I recommend issuance of a 2 year regular adult foster care license.

**OR**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

**OR**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

**OR**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

**OR**

Refusal to renew the license is recommended.

---

Martin Gonzales  
Licensing Consultant

Date