

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 19, 2024

Sara Dickendesher Senior Living Devonshire, LLC 7927 Nemco Way, Ste 200 Brighton, MI 48116

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

Dear Sara Dickendesher:

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:

- You have submitted a Statement of Correction.
- An on-site inspection may be conducted.

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,

Martin Gonzales, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street P.O. Box 30664

Lansing, MI 48909

Mark Couls

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

I. IDENTIFYING INFORMATION

Licensee Name:	Senior Living Devonshire, LLC		
Licensee Address:	7927 Nemco Way, Ste 200		
	Brighton, MI 48116		
Licensee Telephone #:	(810) 538-2533		
Licensee relephone #.	(010) 330-2333		
Licensee/Licensee Designee:	Sara Dickendesher		
<u> </u>			
Administrator:	Sara Lesnesky		
Name of Facility:	Devonshire Retirement Village Specialized		
	Care		
Facility Address:	105 Devonshire Drive		
racinty Address.	Lapeer, MI 48446		
Facility Telephone #:	(810) 240-0724		
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Original Issuance Date:	08/05/2021		
Capacity:	20		
Program Type:	PHYSICALLY HANDICAPPED		
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II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/12/2	024
Date	e of Bureau of Fire Services Inspection if app	licable:	12/15/2023
Date	e of Health Authority Inspection if applicable:	ı	n/a
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: n/a		5 10
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.
•	Medication(s) and medication record(s) review	ewed? Y	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, e	xplain.	
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [•	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:			
R 400.15401	Environmental health.		
	(2) Hot and cold running water that is under pressure shall be provided. 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 faucet.		
Upon inspection it was noted that the water temperature in each room was above 120 degrees Fahrenheit.			

IV. RECOMMENDATION

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

Mark Coogles

01/19/2024

	01/13/2024		
Martin Gonzales	Date		l
Licensing Consultant			