



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 5, 2025

Shelia Bowers  
Mission Care LLC  
PO Box 476  
Davison, MI 48423

RE: License #: AS250382491  
**Rose Cottage Senior Living**  
**4146 N State Road**  
**Davison, MI 48423**

Dear Shelia Bowers:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink, reading "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250382491
<b>Licensee Name:</b>	Mission Care LLC
<b>Licensee Address:</b>	PO Box 476 Davison, MI 48423
<b>Licensee Telephone #:</b>	(810) 931-0550
<b>Licensee Designee:</b>	Shelia Bowers
<b>Administrator:</b>	Shelia Bowers
<b>Name of Facility:</b>	Rose Cottage Senior Living
<b>Facility Address:</b>	4146 N State Road Davison, MI 48423
<b>Facility Telephone #:</b>	(810) 931-0550
<b>Original Issuance Date:</b>	08/09/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 10/03/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: N/A

- 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

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.

A handwritten signature in blue ink, reading "Kent W. Gieselman".

02/05/2025

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Kent W Gieselman  
Licensing Consultant

Date