



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 14, 2025

Lawrence Ragnone
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 Lawrence Ragnone:

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:	Lawrence Ragnone, Designee
Administrator:	Kelly Jackson
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): 11/04/2025

Date of Bureau of Fire Services Inspection if applicable: 10/16/2025, 11/26/2024

Date of Health Authority Inspection if applicable: 11/04/2025

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 19
No. of others interviewed 0 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

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.



11/14/2025

Christopher Holvey
Licensing Consultant

Date