



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 5, 2021

Arnold Sissell
8180 - 19 Mile Road
Sand Lake, MI 49343

RE: License #: AL410007118
Willow Grove
8180 - 19 Mile Road
Sand Lake, MI 49343

Dear Mr. Sissell:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #:	AL410007118
Licensee Name:	Donna Sissell
Licensee Address:	8180 - 19 Mile Road Sand Lake, MI 49343
Licensee Telephone #:	(616) 696-2304
Licensee/Licensee Designee:	N/A
Administrator:	Donna Sissell
Name of Facility:	Willow Grove
Facility Address:	8180 - 19 Mile Road Sand Lake, MI 49343
Facility Telephone #:	(616) 696-2304
Original Issuance Date:	10/17/1983
Capacity:	17
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/24/2021

Date of Bureau of Fire Services Inspection if applicable: 10/20/2020

Date of Environmental/Health Inspection if applicable: 05/20/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 17
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Medications passed prior to inspection.
- 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.
Meal prepared prior to inspection.
- 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.

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

Exit Conference completed with Licensee Donna Sissell via zoom call 09/24/2021.

IV. RECOMMENDATION

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



10/05/2021

Toya Zylstra
Licensing Consultant

Date