



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2022

Lawrence Ragnone  
1839 S. Almont Ave. LLC  
780 Sycamore Dr.  
Owosso, MI 48867

RE: License #: AL440411397  
**Serene Gardens of Imlay City II**  
**1839 S. Almont**  
**Imlay City, MI 48444**

Dear Mr. 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "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**

**License #:** AL440411397

**Licensee Name:** 1839 S. Almont Ave. LLC

**Licensee Address:** 780 Sycamore Dr.  
Owosso, MI 48867

**Licensee Telephone #:** (810) 241-4084

**Licensee Designee:** Lawrence Ragnone

**Administrator:** Lawrence Ragnone

**Name of Facility:** Serene Gardens of Imlay City II

**Facility Address:** 1839 S. Almont  
Imlay City, MI 48444

**Facility Telephone #:** (989) 721-7131

**Original Issuance Date:** 03/01/2022

**Capacity:** 20

**Program Type:** ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/24/2022

Date of Bureau of Fire Services Inspection if applicable: 12/01/2021

Date of Health Authority Inspection if applicable: 08/24/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
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.  
Virtual inspection completed due to COVID-19 cases present in facility.
- 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.



8/24/22

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Kent W Gieselman  
Licensing Consultant

Date