



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2026

Lawrence Ragnone
Willows Of Bay City LLC
3520 Davenport Avenue
Saginaw, MI 48602

RE: Application #: AL090419732
Willow Of Bay City AL
734 N. Pine Road
Bay City, MI 48708

Dear Lawrence Ragnone:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090419732
Licensee Name:	Willows Of Bay City LLC
Licensee Address:	3520 Davenport Avenue Saginaw, MI 48602
Licensee Telephone #:	(989) 293-4621
Licensee Designee:	Lawrence Ragnone
Administrator	Lynn MacKenzie
Name of Facility:	Willow Of Bay City AL
Facility Address:	734 N. Pine Road Bay City, MI 48708
Facility Telephone #:	(989) 293-4621
Application Date:	07/14/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/04/2025	Inspection Completed-Fire Safety : A See AL090079535
07/14/2025	On-Line Enrollment
07/15/2025	PSOR on Address Completed
07/15/2025	Contact - Document Sent Forms sent
07/15/2025	Contact - Document Received IRS letter recieved
08/21/2025	Contact - Document Received 1326/Ri030 and App.
08/26/2025	File Transferred To Field Office
09/02/2025	Application Incomplete Letter Sent
11/07/2025	Contact - Document Received
12/17/2025	Application Complete/Onsite Needed
12/17/2025	Inspection Completed-Env. Health : A
12/17/2025	Inspection Completed On-site
12/17/2025	Inspection Completed-BCAL Full Compliance
01/30/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property Willow of Bay City AL, formerly known as Brookdale Bay City AL, is located at 734 N. Pine Rd., Bay City, Michigan 48708. This 20-bed facility is owned by Willows of Bay City LLC. The property is situated on a 6.18 acre lot in Hampton Township. Zoning approval was previously secured from Hampton Township on 12/31/1997 by the original owner and a Certificate of Occupancy was also issued in Hampton Township. There is an abundance of parking available on a paved lot. There

is also another large 20-bedroom facility next door, also owned by and will be operated by Willows of Bay City LLC.

Willow of Bay City AL features contemporary styling with upscale furnishings and interior décor. The exterior of the home features professionally landscaped patios and plenty of land for residents to enjoy outside activities. Exit doors are all alarmed and lit for added security. This facility is built upon a cement slab. The interior is comprised of a large gathering room in the front, living room in the back, dining room, serving kitchen, medication room, office, laundry room, salon, and two full bathrooms in the common area of the home, both of which have a shower and a jacuzzi tub, and nineteen (19) bedrooms all of which have full bathrooms and kitchenettes.

All of the bedrooms are heated and air-conditioned with separate thermostatic controls. This home is also heated and cooled via central heating/cooling unit with thermostatic controls in the dining room and in both hallways. The facility is serviced by public water and sewage systems. The capacity of this facility will enable twenty (20) male and female residents to utilize 19 bedrooms, one of which is a 2-bedroom suite. There is ample space in the facility bedrooms for non-affected spouses to reside with prior Department approval.

The facility is equipped with three natural gas furnaces and two hot water heaters which are located in Mechanical Rooms that are covered by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware which are constructed of material that has a 1-hour-fire resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is also sprinkled with a hydrant dedicated to the sprinkling system that is easily accessible. Fire extinguishers and emergency evacuation plans are placed throughout the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

BEDROOM #	ROOM DIMENSIONS	SQUARE FOOTAGE	# OF BEDS
1	22ft x 12ft	264	1
2	22ft x 11ft	242	1
3	22ft x 11ft	242	1
4	22ft x 11ft	242	1
5	22ft x 11ft	242	1
6	22ft x 11ft	242	1
7	22ft x 11ft	242	1
8	22ft x 11ft	242	1
9	23ft x 12ft	276	1
10	22ft x 12ft	264	1
11	22ft x 11ft	242	1
12	22ft x 11ft	242	1
13	22ft x 11ft	242	1

14	22ft x 11ft	242	1
15	22ft x 11ft	242	1
16	22ft x 11ft	242	1
17	22ft x 11ft	242	1
18	23ft x 12ft	276	1
19	19ft x 19ft	361	2

The living room, dining room, and common areas measure a total of 1489.5 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This home is wheelchair accessible.

On 02/04/2025, the Bureau of Fire Services determined Willow Of Bay City AL is in compliance with the Fire Safety Rules for Adult Foster Care Large Group Homes.

On 12/17/2025, I determined that Willow Of Bay City AL was in compliance with the Maintenance of Premises Rules for Adult Foster Care Large Group Homes. Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Willow Of Bay City AL intends to provide 24-hour supervision, protection and personal care to twenty (20) male and female Aged adults who may be Physically Handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. Residents may be referred from Commissions on Aging, waiver programs, hospitals, clinics, and the community at large.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee designee will either arrange or provide all transportation for program and medical needs. Willow of Bay City AL will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Willows Of Bay City LLC., which is a “Domestic Limited

Liability Company”, was established in Michigan on May 07, 2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Willows Of Bay City LLC. has submitted documentation appointing Lawrence Ragnone as licensee designee and Lynn MacKenzie as the administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. They both submitted a medical clearance request with a statement from a physician documenting his good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff to 20 residents on the first and second shifts with 1 staff on the third shift. All staff shall be awake during sleeping hours.

The licensee designee and administrator, acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The licensee designee and administrator, acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant offered technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The licensee designee and administrator, acknowledge an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the licensee designee has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee designee and administrator, acknowledges the responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledges the responsibility to maintain a current employee record on file in the

home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee and administrator, acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee designee indicated that it is the intent to achieve and maintain compliance with these requirements.

The licensee designee and administrator, acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee has indicated the intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee and administrator, acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee and administrator, acknowledges the responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, licensee designee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee designee and administrator, acknowledges the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with Quality-of-care will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

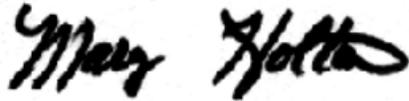


01/30/2026

Anthony Humphrey
Licensing Consultant

Date

Approved By:



01/30/2026

Mary E. Holton
Area Manager

Date