GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2026

Mark Sissell and Tara Sissell
8180 19 Mile Rd.
Sand Lake, MI 49343

RE: License #: AL410401172
Willow Grove
8180 19 Mile Rd.
Sand Lake, MI 49343

Dear Mark Sissell and Tara 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 Adult Foster Care large group home license and special certification are renewed. The license and special certification 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) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, 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
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AL410401172
Licensee Name:	Mark Sissell and Tara Sissell
Licensee Address:	8180 19 Mile Rd. Sand Lake, MI 49343
Licensee Telephone #:	(616) 822-8756
Licensee/Licensee Designee:	N/A
Administrator:	Tara Sissell
Name of Facility:	Willow Grove
Facility Address:	8180 19 Mile Rd. Sand Lake, MI 49343
Facility Telephone #:	(231) 747-2101
Original Issuance Date:	09/19/2025
Capacity:	17
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/17/2026

Date of Bureau of Fire Services Inspection if applicable: 02/26/2026

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 15
No. of others interviewed 2 Role: Both LIcensee's

- 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

This facility was determined to be in substantial compliance with rules and requirements. Both of the licensee's were present for the renewal inspection and they agreed with my findings.

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 and a Special Certification

Arlene B. Smith

Arlene Smith
Licensing Consultant

03/18/2026
Date