GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 27, 2026

Lawrence Ragnone
Serene Gardens of Blanc LLC
4137 E Cook Rd
Grand Blanc, MI 48439

RE: License #: AL250409284
Serene Meadows of Grand Blanc I
4137 E Cook Rd
Grand Blanc, MI 48439

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,

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 #:	AL250409284
Licensee Name:	Serene Gardens of Blanc LLC
Licensee Address:	4137 E Cook Rd Grand Blanc, MI 48439
Licensee Telephone #:	(810) 254-4500
Licensee/Licensee Designee:	Lawrence Ragnone, Designee
Administrator:	Kelly Jackson
Name of Facility:	Serene Meadows of Grand Blanc I
Facility Address:	4137 E Cook Rd Grand Blanc, MI 48439
Facility Telephone #:	(810) 254-4500
Original Issuance Date:	03/18/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2026

Date of Bureau of Fire Services Inspection if applicable: 01/02/2026

Date of Health Authority Inspection if applicable: 08/26/2026

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 16
No. of others interviewed Role:

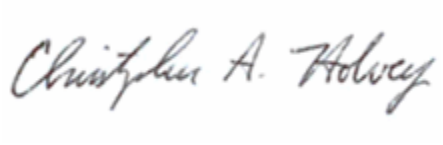
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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: 8/26/24, 205(4), 315(3) and 201(3) 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.



8/27/2026

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Christopher Holvey Date
Licensing Consultant