



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 3, 2024

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 Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 284-7960.

Sincerely,

A handwritten signature in cursive script that reads "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

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**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  
ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/26/2024  
Date of Bureau of Fire Services Inspection if applicable: 12/13/2023  
Date of Health Authority Inspection if applicable: N/A  
No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 15  
No. of others interviewed 0 Role: [REDACTED]

- 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 found to be in non-compliance with the following rules:

**R 400.15201**            **Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

**(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:**

**(b) First aid.**

**(c) Cardiopulmonary resuscitation.**

Licensee designee had a CPR/first aid certification that was expired.

**R 400.15205**            **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.**

Licensee designee had a TB test that was expired.

**R 400.15315**            **Handling of resident's funds and valuables**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Licensee did not have a Resident Funds I form in any resident's file available for review.

A corrective action plan was requested and approved on 08/26/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



9/3/2024

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Christopher Holvey  
Licensing Consultant

Date