



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2025

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

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

Dear Mr. and Mrs. Sissell:

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 17 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410401172
Applicant Name:	Mark Sissell and Tara Sissell
Applicant Address:	8180 19 Mile Rd. Sand Lake, MI 49343
Applicant Telephone #:	(616) 822-8756
Administrator:	Tara Sissell
Name of Facility:	Willow Grove
Facility Address:	8180 19 Mile Rd. Sand Lake, MI 49343
Facility Telephone #:	(616) 696-2304
Application Date:	08/30/2019
Capacity:	17
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/30/2019	Enrollment
10/01/2019	File Transferred to Field Office Grand Rapids
10/25/2019	Application Incomplete Letter Sent
10/04/2024	Inspection Completed – Health: A
08/26/2025	Inspection Completed – Fire Safety: A
09/05/2025	Inspection Completed On-site
09/08/2025	Application Incomplete Letter Sent requesting required documentation
09/11/2025	Contact – Documents received
09/15/2025	Contact – Documents received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a large, two-story home with an addition to the main level. The addition was built to accommodate residents. The home has approximately 9700 square feet of living space. It is located in a rural, farming community outside the city of Sand Lake. The home sits on 20 acres of land. The residents have access to the property and a path is kept mowed for them to use.

The main level of the home has the resident bedrooms, the resident family room, a television room, a kitchenette and three bathrooms for resident use. The upper level of the home contains the kitchen/dining room, living room and upstairs family room.

There is an outside pool for resident use, always with staff supervision. The pool area is surrounded by a gate and a tall, wooden fence. The licensees agree to keep the gate locked when not in use and the wooden fence in good repair.

The home was inspected by the Bureau of Fire Services on August 26, 2025. The facility was found to be in compliance with the applicable rules at that time. The boiler in the home was inspected by the Bureau of Construction Codes/Boiler Section on September 26, 2023. The main level of the home has four emergency exits and the upper level of the home has two emergency exits. Staff will practice a daytime, evening and sleeping hours fire drill once each per quarter with the residents.

The home is equipped with an integrated fire alarm system with heat and smoke detectors, pull alarms and lighted exit signs. The system was last inspected on March 31, 2025 by Fire Fighter Sales and Services, Inc.

An environmental health inspection of the home's well, septic and water supply was conducted by the local health department on October 4, 2024. The home was given an "Approved" rating by the health department at that time.

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

Bedroom #	Room Dimensions	Total Area	Maximum Capacity
1	16' x 9'6"	152 square feet	2 residents
2	16 x 14'6"	232 square feet	3 residents
3	11'5" x 8'9"	100 square feet	1 resident
4	18' x 13'3"	238 square feet	3 residents
5	13'3" x 10'9"	142 square feet	2 residents
6	11'9" x 11'1"	130 square feet	2 residents
7	13'2" x 10'5"	138 square feet	2 residents
8	14'6" x 9'6"	138 square feet	2 residents

The family room, kitchenette and television room on the main level measure a total of 630 square feet. This exceeds the minimum of 35 square feet of living space per resident requirement. The residents also have access to the upstairs kitchen/dining room, living room and upstairs family room.

Based on the above information, it is concluded that this facility can accommodate 17 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. The applicant intends to provide 24-hour supervision, protection and personal care to 17 female ambulatory adults who are aged or who are diagnosed with a mental illness or a developmental disability in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the residents person centered plan.

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 will provide for or arrange for transportation for program and medical needs as outlined in each resident's Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and property assets.

A criminal history background check was conducted for the applicants Mark and Tara Sissell. They have been determined to be of good moral character. The applicants each submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has 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 17-bed facility is adequate and includes a minimum of 1 staff -to- 15 residents per shift during awake hours and 1 staff -to- 17 residents during sleeping hours. At least one staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 applicant acknowledged 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 provided 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 employees record to demonstrate compliance.

The applicant acknowledges 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 applicant 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 applicant acknowledges their responsibility to obtain all required good moral character, medical and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their 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 applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

The applicant acknowledges their 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 applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant 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 applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC large group home (capacity 17).



09/18/2025

Adam Robarge
Licensing Consultant

Date

Approved By:



09/18/2025

Jerry Hendrick
Area Manager

Date