



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 24, 2026

Lawrence Ragnone  
Grainhouse Grove, LLC  
3520 Davenport Avenue  
Saginaw, MI 48602

RE: Application #: AL130419730  
Grainhouse Grove AL  
191 Lois Drive  
Battle Creek, MI 49015

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL130419730
<b>Licensee Name:</b>	Grainhouse Grove, LLC
<b>Licensee Address:</b>	3520 Davenport Avenue Saginaw, MI 48602
<b>Licensee Telephone #:</b>	(989) 293-4621
<b>Administrator/Licensee Designee:</b>	Lawrence Ragnone
<b>Name of Facility:</b>	Grainhouse Grove AL
<b>Facility Address:</b>	191 Lois Drive Battle Creek, MI 49015
<b>Facility Telephone #:</b>	(989) 293-4621 07/14/2025
<b>Application Date:</b>	
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

07/14/2025	On-Line Enrollment
07/15/2025	PSOR on Address Completed
07/15/2025	Contact - Document Sent Forms sent.
07/16/2025	Contact - Document Received IRS letter. Still waiting for the 1326/RI030
08/21/2025	Contact - Document Received 1326/RI030
08/21/2025	Comment FP sent to Ashley.
08/26/2025	Inspection Report Requested - Fire Last A rating expired.
08/26/2025	File Transferred To Field Office
09/05/2025	Application Incomplete Letter Sent
09/15/2025	Inspection Completed-Fire Safety : A
01/07/2026	Application Complete/On-site Needed
01/28/2026	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

The facility is located in a residential neighborhood, in the city of Battle Creek, at 191 Lois Dive. This single story, cottage style facility has a parking lot that is shared with its sister residence. The exterior features a shingled roof and vinyl siding. The front door will be the primary entrance for the residents. This entrance is equipped with a walkway to the front door. There is a porch area where residents and their families can sit outdoors. The second identified exit and means of egress is accessed through a door located at the back of the facility.

This facility contains a kitchen and dining area, as well as two sitting room areas, one to the front and one to the rear, where the residents can engage in a variety of craft activities. The kitchen is equipped with a dishwasher that was installed in November 2025. The refrigerators are equipped with thermometers in compliance with licensing rules. The sanitation stations are in good condition to maintain the health of the residents.

The facility utilizes public water supply and sewage disposal systems.

The forced air gas furnace and water heater are located on the main floor in an enclosed room. In October 29, 2025, the furnace and water heater were inspected and approved by a licensed contractor. The 1 ¾ inch solid core door and frame leading to the mechanical room is fire-rated; it is equipped with an automatic self-closing device and positive latching hardware. The room is constructed of materials that provide a 1-hour-fire resistance rating.

This property was purchased on August 21<sup>st</sup> 2025 by Grainhouse Grove and there is a management agreement between Grainhouse Grove and Brookdale Senior Living to operate the facility until such time as license issuance.

The facility is equipped with central air conditioning. The heating and cooling systems have been inspected by a licensed contractor, and the approved inspection report is contained within the file.

The facility is equipped with a washer and a gas dryer. The dryer is equipped with a rigid metal duct.

The trash will be removed from the premises on a weekly basis. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 11.8 10.6 x 4.1	173	1
2	11 x 11.8 10.6 x 4.1	173	1

3	11 x 11.8 10.6 x 4.1	173	1
4	11 x 11.8 10.6 x 4.1	173	1
5	11 x 11.8 10.6 x 4.1	173	1
6	11 x 11.8 10.6 x 4.1	173	1
7	11 x 11.8 10.6 x 4.1	173	1
8	11 x 11.8 10.6 x 4.1	173	1
9	11 x 11.8 10.6 x 4.1	173	1
10	11 x 11.8 10.6 x 4.1	173	1
11	11 x 11.8 10.6 x 4.1	173	1
12	11 x 11.8 10.6 x 4.1	173	1
13	11 x 11.8 10.6 x 4.1	173	1
14	11 x 11.8 10.6 x 4.1	173	1
15	11 x 11.8 10.6 x 4.1	173	1
16	11 x 11.8 10.6 x 4.1	173	1
17	11 x 11.8 10.6 x 4.1	173	1
18	11 x 11.8 10.6 x 4.1	173	1
19	11.7 x 16.6 9x9.4	277.65	2

The indoor living and dining room areas measure a total of 905 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 19 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 19 male or female residents who are 18 to 99 years of age, and whose diagnosis is Mental Illness and/or Developmentally Disabled, and aged.

There is a management agreement between the applicant and Brookdale Senior Living. According to the Program Statement, the goal at Grainhouse Grove LLC is “To assist residents in maintaining their current level or improving their current level of physical and mental functioning through daily activities by our Activity Coordinator, exercise by house staff and Home Health Care agencies, conversation, reading and stimulating games provided by trained staff. Proper nutrition provided by trained kitchen staff and a well-managed medication schedule following all Doctor orders and using MAR’S (Medication Administration Record).”

The facility is not equipped to provide routine transportation services, such as medical appointments. Grainhouse Grove can arrange transportation at the request of residents through volunteers and transportation service providers. However, “...in helping to arrange transportation does not mean Grainhouse Grove endorse any provider of transportation or/and Grainhouse Grove is responsible and liable for the acts or failure to act on the part of the transportation provider. The cost of transportation to and from resources in the community including medical and other services will be passed on directly to the resident requesting the service from the third-party billing system.”

The facility will make provisions for a variety of leisure activities. The facility intends to utilize local community resources such as cosmetology services, parties and other social events.

### **C. Applicant and Administrator Qualifications**

The applicant is Grainhouse Grove, and it is a “Domestic Limited Liability Company” which was incorporated on May 7, 2025. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that Alex Oulette is the Resident Agent. 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. Mr. Lawrence Ragnone has been appointed as the Licensee Designee for the facility.

A criminal background check of Mr. Ragnone was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Ragnone has submitted a statement from his physician documenting his good health.

Mr. Ragnone has experience working with the populations that will be served in this home. He has a wealth of experience in both the corporate world and human services field. Mr. Ragnone has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Ragnone has provided copies of the successful completion of her education and trainings. He has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion.

The staffing pattern for the original license of the 19-bed facility is adequate and includes a minimum of 1 staff for 12 residents. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing, "direct access" to residents or resident information or both. The applicant was provided with information regarding the process of obtaining criminal history record clearances utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged that a separate Resident Funds Part II or similar 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 of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged the responsibility to provide a clear refund policy to the residents or their responsible parties.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

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



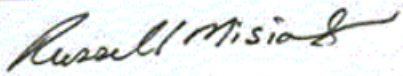
2/24/26

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Dwight Forde  
Licensing Consultant

Date

Approved By:



3/6/24

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Russell B. Misiak  
Area Manager

Date