



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-mentioned facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license is valid only at your present address and is non-transferable.

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, MSW, 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:** Terra 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

**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: Licensee

- 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 Licensee's were present for the renewal inspection, and they both 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.

*Arlene B. Smith*

03/18/2026

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Arlene B. Smith  
Licensing Consultant

Date