

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 2, 2020

Scott Brown
Renaissance Community Homes Inc
P.O. Box 749
Adrian, MI 49221

RE: License #: AS470288279

Burkhart Road Home 56 S. Burkhart Road Howell, MI 48843

Dear Mr. Brown:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9730.

Sincerely,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellins

Lansing, MI 48909

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# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

### I. IDENTIFYING INFORMATION

**License #:** AS470288279

**Licensee Name:** Renaissance Community Homes Inc

Licensee Address: Suite C

1548 W. Maume St. Adrian, MI 49221

**Licensee Telephone #:** (734) 439-0464

Licensee/Licensee Designee: Scott Brown

Administrator: Shelbey Carey

Name of Facility: Burkhart Road Home

Facility Address: 56 S. Burkhart Road

Howell, MI 48843

**Facility Telephone #:** (517) 548-4495

Original Issuance Date: 07/11/2007

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Dat	e of On-site Inspection(	09/01/2020	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable:			N/A
Inspection Type:		☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  1 Role: admin			2 4
•	Medication pass / simu	ulated pass observed? Yes $oxtimes$	No 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ 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 No If no, explain. investigation was not durning meal time.  Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ 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: 8/16/2019 CAP- 206 (2), 301 (10) and 310 (1)(b) N/A  Number of excluded employees followed-up? N/A		
•	Variances? Yes ⊠ (p 315 (3)	olease explain) No 🗌 N/A 📗	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The garage door is unable to close which has resulted in a bird's nest with birds inside the garage and other rodents inhabiting the garage. The garage is attached to the facility and this is not adequate for the health and safety of residents.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The carpet in the family room is splitting/lifting in several areas which are trip hazards. Where the carpet meets the tile floor, most of the floor transition strip is missing which is also a trip hazard.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The front door contains a deadbolt lock which is locking against-egress hardware.

#### IV. RECOMMENDATION

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

Julie Elkins Date Licensing Consultant