

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 12, 2022

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

> RE: License #: AS810255078 Investigation #: 2023A0122005

Clark Road Home

Dear Mr. Brown:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 284-9720.

Sincerely,

Vanon Beullin

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

Enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS810255078
Investigation #:	2023A0122005
Commission Descript Date:	44/00/0000
Complaint Receipt Date:	11/28/2022
Investigation Initiation Date:	11/28/2022
investigation initiation bate.	11/20/2022
Report Due Date:	01/27/2023
Licensee Name:	Renaissance Community Homes Inc
Licensee Address:	Suite C
	1548 W. Maume St.
	Adrian, MI 49221
Licensee Telephone #:	(734) 439-0464
Electroce releptions n.	(104) 400 0404
Administrator:	Scott Brown
Licensee Designee:	Scott Brown
Name of Facility:	Clark Road Home
Equility Address	510 W. Clark Road
Facility Address:	Ypsilanti, MI 48197
	r politini, ivii 40191
Facility Telephone #:	(734) 961-7822
Original Issuance Date:	05/15/2003
License Status:	REGULAR
Effective Date:	09/18/2022
LITECTIVE Date.	03/10/2022
Expiration Date:	09/17/2024
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Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

Violation Established?

On 11/18/2022, an incident report was not submitted to document	Yes
the hospitalization of Resident A.	

III. METHODOLOGY

11/28/2022	Special Investigation Intake 2023A0122005
11/28/2022	Special Investigation Initiated - Telephone Completed interview with Jennifer Baloki, District Manager. Requested discharge documents from Resident A's hospitalization.
12/02/2022	Inspection – Onsite Received requested information. Observed Resident A.
12/07/2022	Exit Conference Discussed findings with Scott Brown, Licensee Designee.

ALLEGATION: On 11/18/2022, an incident report was not submitted to document the hospitalization of Resident A.

INVESTIGATION: On 11/28/2022, I completed an interview with Jennifer Baloki, District Manager for Renaissance Community Homes Inc. Ms. Baloki reported that on 11/18/2022, Resident A was admitted to the hospital, treated for septic/infection, however, an incident report was not submitted to document the hospitalization. Ms. Baloki stated Resident A returned to the facility on 11/28/2022. I requested a copy of discharge paperwork from Resident A's hospitalization.

On 12/02/2022, I reviewed the hospitalization discharge paperwork for Resident A. Resident A was hospitalized at the University of Michigan Hospital of Ann Arbor on 11/19/2022 and discharged on 11/28/2022. He was treated for "aspiration into airway." The form, After Visit Summary, documents that Resident A was treated with antibiotics. Patient self-care instructions stated, "regular oral care, and pulmonary toilet (sitting upright, encouraging cough) to help prevent as much aspiration as possible." Resident A has a return visit health maintenance exam scheduled on 11/30/2022.

Resident A's Consultation Report dated 11/30/2022, documents that Resident A completed the medical visit. He was assessed for the following: hospital follow-up of recent admit for aspiration, right fifth toe wound, wound check of sacral area, rash of left upper arm and chest. Medical personnel gave recommendations on all health areas assessed and documented recommendations.

On 12/07/2022, I reviewed Resident A's incident report dated 11/18/2022. The report documents that upon Guardian A's request staff members made arrangements for Resident A to be transported to the hospital on 11/18/2022. Resident A was admitted to the hospital on 11/18/2022.

On 12/07/2022, I completed an exit conference with Scott Brown, Licensee Designee, and my findings were discussed with him. Mr. Brown stated he understood my findings and would submit a corrective action plan to address the rule violation found during my investigation.

APPLICABLE RU	II F
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (c) Incidents that involve any of the following: (i) Displays of serious hostility. (ii) Hospitalization. (iii) Attempts at self-inflicted harm or harm to others. (iv) Instances of destruction to property.
ANALYSIS:	On 11/18/2022, Resident A was admitted to the hospital. Jennifer Baloki, District Manager for Renaissance Community Homes Inc., confirmed that an incident report documenting the hospitalization was not submitted to the adult foster care licensing division within 48 hours.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change to the status of the license.

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Vanita C. Bouldin Licensing Consultant Date: 12/07/2022

Approved By:

Ardra Hunter Date: 12/12/2022

Area Manager