



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 10, 2023

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

RE: License #: AM380071060
Renaissance II
262 Dettman
Jackson, MI 49203

Dear Scott Brown:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AM380071060

Licensee Name: Renaissance Community Homes Inc

Licensee Address: Suite C
1548 W. Maume St.
Adrian, MI 49221

Licensee Telephone #: (151) 740-3769

Licensee/Licensee Designee: Scott Brown

Administrator: Elizabeth Cooley

Name of Facility: Renaissance II

Facility Address: 262 Dettman
Jackson, MI 49203

Facility Telephone #: (517) 962-4242

Original Issuance Date: 09/16/1996

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/10/2023

Date of Bureau of Fire Services Inspection if applicable: 10/11/2022 & 10/14/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 9

No. of others interviewed 0 Role: [REDACTED]

- 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.
Incident Reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 400.14318 (5) & R 400.14401 (2) 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 the rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this adult foster care medium group home (capacity 7-12).

Mahtina Rubritius

10/10/23

Mahtina Rubritius
Licensing Consultant

Date