



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 14, 2024

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

RE: License #: AL810007458  
**Renaissance House**  
**601 Pearl**  
**Ypsilanti, MI 48197**

Dear Mr. 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 "Vanita Bouldin".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AL810007458

**Licensee Name:** Renaissance House, Inc.

**Licensee Address:** Suite C  
1548 W. Maumee Street  
Adrian, MI 49221

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

**Licensee/Licensee Designee:** Scott Brown

**Administrator:** Scott Brown

**Name of Facility:** Renaissance House

**Facility Address:** 601 Pearl  
Ypsilanti, MI 48197

**Facility Telephone #:** (734) 485-1722

**Original Issuance Date:** 12/03/1977

**Capacity:** 15

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2024 – Virtual Inspection completed.

Date of Bureau of Fire Services Inspection if applicable: 06/09/2023

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed Role:

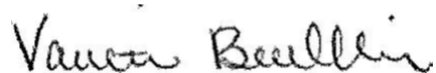
- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to bedbug issue.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service 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.

### IV. RECOMMENDATION

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



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Vanita C. Bouldin  
Licensing Consultant

Date: 05/14/2024