



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 22, 2024  
Scott Brown  
Renaissance Community Homes Inc  
P.O. Box 749  
Adrian, MI 49221

RE: License #: AS630416762  
**Prosperity House**  
**273 S Coats**  
**Oxford, MI 48371**

Dear Mr. Brown:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630416762

**Licensee Name:** Renaissance Community Homes Inc

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

**Licensee Telephone #:** (734) 483-9363

**Licensee/Licensee Designee:** Scott Brown

**Administrator:** Alexander Wysocki

**Name of Facility:** Prosperity House

**Facility Address:** 273 S Coats  
Oxford, MI 48371

**Facility Telephone #:** (248) 969-1553

**Original Issuance Date:** 02/13/2024

**Capacity:** 6

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 08/16/23

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] 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.  
It was not meal time during the onsite.
- 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.  
N/A
- 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 found to be in non-compliance with the following rules:

**R 400.14205**            **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Staff member Amisaday Gallardo physical was incomplete as a doctor did not answer the question regarding her health nor was there a doctors signature.

**R 400.14301**            **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident B was admitted on 05/15/24 however; a current physical was not obtained at the time of admission.

**R 400.14312 Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Polyethylene Glycol Powder as a PRN however; this medication was not observed in the home.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

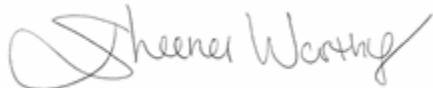
Resident B's MAR for the month of August was missing a staff's initial for the following medications:

- Duloxetine Hydro pm on 08/09/24
- Deep Sea Spray am on 08/02/24
- Fiasp Insulin pm on 08/03/24
- Fluticasone am on 08/17/24
- Atorvastatin pm on 08/17/24
- Melatonin pm on 08/17/24
- Oxybutynin Chloride pm on 08/17/24

A corrective action plan was requested and approved on 08/22/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

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



Sheena Worthy  
Licensing Consultant

08/22/24  
Date