



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 24, 2025

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

RE: License #: AS460299225  
Green Highway Home  
4048 Green Hwy.  
Tecumseh, MI 49286

Dear Scott 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 submitted documentation of compliance.
- You submitted a Statement of Correction.

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS460299225
<b>Licensee Name:</b>	Renaissance Community Homes Inc
<b>Licensee Address:</b>	4224 W. Maumee St. Adrian, MI 49221
<b>Licensee Telephone #:</b>	(734) 439-0464
<b>Licensee Designee:</b>	Scott Brown
<b>Administrator:</b>	Scott Brown
<b>Name of Facility:</b>	Green Highway Home
<b>Facility Address:</b>	4048 Green Hwy.Tecumseh, MI 49286
<b>Facility Telephone #:</b>	(517) 423-2622
<b>Original Issuance Date:</b>	02/02/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/14/25

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

Date of Health Authority Inspection if applicable: 7/2/25 B-Rating

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role:

- 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.  
Mealtimes not concurrent with the inspection
- 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 found to be in non-compliance with the following rules:

**R 400.14401      Environmental health.**

**(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter.**

The Environmental Health Inspection noted that the pressure tank had no pressure relief valve and an unapproved electrical conduit.

A corrective action plan was requested and approved on 07/24/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

### IV. RECOMMENDATION

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



7/24/25

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Dwight Forde  
Licensing Consultant

Date