GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 29, 2026

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. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 972-9136.

Sincerely,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Blvd
2nd Floor, Annex, Suite 2-730
Detroit, MI 48202
Phone: 248-310-5388
Fax: 517-763-0204

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:	4224 W. Maumee St Adrian, MI 49221
Licensee Telephone #:	(734) 483-9363
Licensee/Licensee Designee:	Scott Brown
Administrator:	Keisha Duvall
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): 07/29/2026

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

Date of Environmental/Health Inspection if applicable: 07/20/26

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 5
No. of others interviewed 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. 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: LSR CAP Approved 08/22/24; 675(2), 675(4), 685(10), 631 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 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:
(b) Complete an individual medication log that contains all of the following:
(v) Initials of the individual who administered the medication at the time given.

Resident B's July MAR was missing a staff initial for the morning dose of Valproic Acid oral solution 250 mg on 07/01/26.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 08/22/24

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

Resident A was admitted on 01/02/26 however; her initial physical was not completed until 03/24/26.

REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 08/22/24

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated

representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

Resident B was admitted on 04/02/25 however; her initial assessment plan was not completed until 10/31/25. Resident A was admitted on 01/02/26 however; her initial assessment plan was not completed until 01/15/26.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:

(a) A statement that the facility is licensed to provide foster care to adults.

(b) The services to be provided and the fee for those services.

(c) Any additional costs in addition to the basic fee that is charged.

(d) A resident's rights policy.

(e) A discharge policy.

(f) Transportation services provided for a basic fee and services that are provided at an extra cost.

(g) A refund policy.

(h) A resident's funds and valuables policy.

(i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.

(j) An agreement by the licensee to respect and safeguard the resident's rights.

(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.

(l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.

(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

Resident A and Resident B's initial resident care agreements were not completed at the time of their admission. Resident A was admitted on 01/02/26, and her resident care agreement was completed on 01/15/26. Resident B was admitted on 04/02/25, and her resident care agreement was completed on 10/31/25.

R 400.631(2) **Health screenings.**
(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

An annual physical was not obtained for the licensee for 2024 or 2025.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Sheena Worthy
Licensing Consultant

07/29/26
Date