



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 26, 2026
Scott Brown
Renaissance Community Homes Inc
P.O. Box 749
Adrian, MI 49221

RE: License #: AS630416763
Clark Pine
5264 Sunnyside Drive
Clarkston, MI 48346

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) 972-9136.

Sincerely,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License#:	AS630416763
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:	Clark Pine
Facility Address:	5264 Sunnyside Drive Clarkston, MI 48346
Facility Telephone #:	(248) 673-0671
Original Issuance Date:	03/29/2024
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2026

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

Date of Environmental/Health Inspection if applicable: 07/29/26

No. of staff interviewed and/or observed 2

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 09/20/24; 675 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 A is prescribed Alcohol 70% swabs, to use one alcohol pad four times a day with insulin (8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m.). This instruction is contingent upon Resident A's Novolog 100-unit injection per sliding scale, administered three times a day (8:00 a.m., 12:00 p.m., and 4:00 p.m.). Whenever it is necessary to administer the Novolog injection, staff are required to use an alcohol swab to clean the injection site.

According to the MAR, Resident A received the Novolog injection on the following dates:

- 08/04/26
- 08/11/26
- 08/17/26
- 08/19/26
- 08/22/26
- 08/24/26

However, staff initials for the alcohol swabs were missing on 08/19/26 and 08/22/26. Therefore, it is unknown whether the injection site was cleaned prior to administration on those dates.

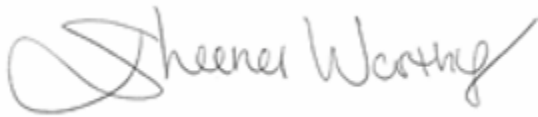
Resident B is prescribed Clozapine 100 mg at bedtime. There was a missing staff initial on 08/25/26.

Resident B is also prescribed Trintellix 10 mg in the morning. A staff member initialed the MAR on the incorrect date on 08/25/26, which resulted in the staff member initialing the administration for the following morning one day ahead.

A corrective action plan was requested and approved on 08/26/2026. 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.

A handwritten signature in cursive script, reading "Sheena Worthy".

Sheena Worthy
Licensing Consultant

08/26/26
Date