



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

September 30, 2005

Michael Conner  
Renaissance Community Homes Inc  
P.O. Box 166  
Milan, MI 48160

RE: Application #: AM460269628  
Mohawk Home  
4015 Mohawk Tr.  
Adrian, MI 49221

Dear Mr. Conner:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 8 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 780-7159.

Sincerely,

Dennis R Kaufman, Licensing Consultant  
Office of Children and Adult Licensing  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 780-7907

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM460269628

**Applicant Name:** Renaissance Community Homes Inc

**Applicant Address:** P O Box 166  
25 E Main Street  
Milan, MI 48160

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

**Administrator/Licensee Designee:** Michael Conner, Designee

**Name of Facility:** Mohawk Home

**Facility Address:** 4015 Mohawk Tr.  
Adrian, MI 49221

**Facility Telephone #:** (517) 263-7735

**Application Date:** 08/30/2004

**Capacity:** 8

**Program Type:** DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

08/30/2004	Enrollment
08/31/2004	Inspection Report Requested - Health
06/29/2004	Inspection Completed – Environmental Health A
08/31/2004	Inspection Report Requested - Fire
10/13/2004	Inspection Completed On-site
10/18/2004	Inspection Completed-BFS Sub. Compliance
10/18/2004	Application Incomplete Letter Sent Primary need is for Office of Fire Safety Inspection and various policy related documentation and proof of ownership from licensee designee.
10/21/2004	Contact - Document Received Administrator submitted various policy items for review, proof of ownership still outstanding.
10/27/2004	Contact - Document Sent Consultant faxed response to policy items sent on 10/21/04.
03/07/2005	Contact – Document Received Received proof of ownership, OFS approval still pending.
03/25/2005	Inspection Completed – Fire Safety D
06/08/2005	Inspection Completed – Fire Safety B
09/24/2005	Inspection Completed – Fire Safety A Received full approval rating from OFS.
09/24/2005	Inspection Completed – BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environment:

The facility is currently licensed as a medium group home and has been licensed as such since 1993. The Lenawee Community Mental Health Authority owns the facility and entered into contract with the applicant to provide specialized residential services in the facility.

The facility is located in a residential subdivision north of the city of Adrian. The facility is a ranch style design with wheelchair ramps at exit locations. The facility has a private well and septic system. The facility has a full basement where the gas fired furnace and hot water heaters are located. The driveway is paved and the home has a large lot that is well landscaped. There are six resident bedrooms, these being located in the east and west ends of the facility and full bathrooms are located on each end. Between the bedrooms are the living room, dining room and the kitchen. There is a large activity room on the north end of the facility and the laundry area is located there. The facility appears to be well maintained.

Resident bedroom locations and dimensions are as follows:

North west bedroom 11' 5" x 13' 6" = 154 sq. ft.  
South west bedroom 10' x 9' 7" = 96 sq. ft.  
South center west bedroom 10' x 9' 7" = 96 sq. ft.  
South center east bedroom 10' x 8' 10" = 88 sq. ft.  
South east bedroom 10' x 9' 6" = 95 sq. ft.  
North east bedroom 11' 2" x 15' 4" = 171 sq. ft.

Activity space in the living room, dining room, and activity room far exceeds the requirements for eight residents.

## 2. Sanitation:

The facility has a private well and septic system. The Lenawee County Public Health conducted an inspection on 6/29/04 and determined compliance with all requirements.

## 3. Fire Safety:

The facility is heated by a gas fired forced air furnace and hot water provide by a gas fired hot water heater and both are located in the basement. The facility is equipped with interconnected smoke detector systems and these have been maintained on an annual basis by a commercial vendor. The home is wheelchair ramped at designated exits. Fire extinguishers are located in the basement and the ground floor and all are up to date.

The applicant submitted building plans to the Office of Fire Safety and these were approved. Fire inspections were conducted on March 25, 2005, June 08, 2005, and on 9/23/2005 when full approval was granted.

## **B. Program Description**

### 1. Administrative Structure & Capability:

The applicant is a non-profit corporation that currently operates 21 licensed adult foster care homes in Lenawee, Hillsdale, Jackson, Livingston, Washtenaw, and Oakland Counties. Corporate documentation is on file with the department. The corporation assigned Mike Conner as the designee. Mr. Conner assigned Kristi Gottshcalk as the administrator for the facility.

The applicant submitted a copy of the contract with Lenawee Community Mental Health and also the budget for the facility.

### 2. Qualifications and Competencies:

Record clearances, medical assessments, and TB tests have been completed and approved for the licensee designee, Mike Conner and also for the administrator, Kristi Gottschalk. Both Mike Conner and Kristi Gottschalk meet the required educational and work experience requirements for licensee designee and administrator respectively.

### 3. Program Information:

The facility will provide transportation, personal care, supervision, and protection, in addition to room and board. In addition, the home is under contract with Lenawee Community Mental Health Authority and will provide specialized services to each resident as outlined in their respective person centered plan. Additional contract services provided to the facility by Lenawee Community Mental Health Authority will include case manager, behavioral, nursing, occupation therapy, and speech services.

Resident medications will be stored in a locked cabinet and administered by staff.

Emergency medical services will be provided by local hospitals and ambulance services.

### 4. Facility and Employee Records:

The applicant has submitted copies of personnel policies, job descriptions, and standard procedures. An initial staff schedule indicated that there will be three shifts of 8 hours each and that no less than 2 staff will be on duty, including night-time shifts.

Emergency plans for medical emergencies, fire, facility repairs, and severe weather have been submitted, reviewed, and found acceptable.

Resident records were reviewed and will be retained at the facility at all times.

