GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 19, 2022

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

RE: License #: AS380015543
Investigation #: 2022A0007006
Renaissance III

Dear Mr. Brown:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

Enclosures

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS380015543
Investigation #:	2022A0007006
Complaint Receipt Date:	11/15/2021
Investigation Initiation Date:	11/18/2021
Report Due Date:	01/14/2022
Licensee Name:	Renaissance Community Homes Inc
Licensee Address:	Suite C 1548 W. Maume St. Adrian, MI 49221
Licensee Telephone #:	(734) 439-0464
Administrator:	Larry Holleman
Licensee Designee:	Scott Brown
Name of Facility:	Renaissance III
Facility Address:	1600 Munith Road Jackson, MI 49201
Facility Telephone #:	(517) 764-6040
Original Issuance Date:	08/16/1995
License Status:	REGULAR
Effective Date:	01/22/2021
Expiration Date:	01/21/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A received marijuana from another resident and smoked it at the home.	Yes
Additional Findings	Yes

III. METHODOLOGY

11/15/2021	Special Investigation Intake - 2022A0007006
11/17/2021	Contact - Telephone call made to Jackson County Guardian A, no answer.
11/18/2021	Special Investigation Initiated – Telephone Discussion with Jackson County Guardian A.
11/19/2021	Contact - Telephone call received from Guardian A and her staff, Staff #1.
11/19/2021	Contact - Telephone call made to Guardian A and Staff #1, Interview.
11/22/2021	Inspection Completed On-site - Unannounced- Face to face contact with Employee #1, Resident A, Resident B, Resident C, Home Manager #1, other residents and staff.
01/12/2022	Contact - Telephone call made to Home Manager #1 x2.
01/12/2022	Contact - Telephone call made to Guardian A and Staff #1. Follow-up.
01/12/2022	Exit Conference conducted with Mr. Brown, Licensee Designee.

ALLEGATIONS:

Resident A received marijuana from another resident and smoked it at the home.

INVESTIGATION:

As a part of this investigation, I reviewed the complaint, and the following additional information, in relevant part, was noted: On or about November 15, 2021, Resident A reported that over the weekend he had received marijuana from another resident and smoked it at his specialized care home.

This information was also reported to his (Resident A's) cardiologist, Cardiologist #1, today. During the visit, Cardiologist #1 strongly advised Resident A of the dangers of drinking alcohol and smoking marijuana, due to his newly diagnosed health conditions and possible complications with medications.

On November 19, 2021, I interviewed Resident A's guardian, Jackson County Guardian (Guardian A) and her staff member, Staff #1. We discussed the issues and concerns related to Resident A accessing marijuana and alcohol in the home. Resident A consumes 24oz beers on a regular basis. When Resident A attends the doctor appointments, it's reported that Resident A drinks less beer than what he reports, and he (Resident A) says that he does not smoke marijuana but that is not true. There was a concern that Resident A was using drugs and alcohol, while residing in a supervised licensed setting.

It should be noted that there were incident reports received regarding residents smoking marijuana on the property. During my interviews, I also gathered additional information regarding those incident reports.

On November 22, 2021, I conducted an unannounced on-site investigation and made face to face contact with Employee #1, Resident A, Resident B, Resident C, Home Manager #1, residents, and staff.

According to Employee #1, Resident A said that on Sunday, he smoked marijuana with Resident B. Employee #1 did not know where the marijuana came from, but she heard that someone brought it to Resident B and dropped it off. Resident B has a medical marijuana card. Resident B was admitted into the home on October 18, 2021, and they did not have these issues before Resident B was admitted.

According to Employee #1, Resident C goes out in the community, and he may be getting weed (marijuana) on his own. However, Resident C does not have a card.

On November 22, 2021, I interviewed Resident A. Resident A reported that things were going well in the home and that he has been able to get out in the community. He reported to get along well with other residents in the home. Once on the topic of

smoking marijuana, Resident A stated “I just tried it. I took a puff and didn’t like it.” When asked where he smoked the marijuana, he informed me that he was at the home, outside, on the property. According to Resident A, Resident B and Resident C also took a puff. Resident A reported that he did not know where they got the marijuana from. I inquired how he felt after taking a puff of the marijuana and he stated that there were no changes, and that he was not high off one puff. Resident A reported that Resident B is allowed to smoke marijuana because he has his card. Resident A reported that he did not know where Resident B kept his marijuana. Resident A stated he did not know if staff were asked to light the marijuana joint.

I then interviewed Resident C. Resident C was somewhat guarded when answering my questions. He confirmed that Resident A was given marijuana, but it was not by him, and he did not know who. He did confirm that he smokes marijuana and that he does not have a card. Resident C did not want to say who he smoked marijuana with.

While at the facility, I interviewed Resident B. He stated that he has been at the facility for about a month. Resident B reported that he loves living at the facility, and the other residents are great. Resident B reported that he has a medical marijuana card, which he has had since September 30, 2020. Resident B informed me that he goes to the dispensary to get weed and he smokes it. He has a personal stash that he keeps on him that staff do not know about. During the interview, Resident B reported to know his rights. Resident B stated that he does not like to smoke alone. I inquired if he smoked with any other residents and Resident B informed me that he smokes with Resident C. Resident B informed me that Resident C does not have a medical marijuana card; and that is why they walk off grounds to smoke. I inquired about the rules of sharing his marijuana and Resident B stated he’s “not supposed to share marijuana and that’s why I haven’t.” Resident B reported that he can go out in the community, and that he is his own guardian. I inquired about him smoking with Resident A. Resident B reported that he smoked with Resident A once; but that he would not do that again, as he did not want to interfere with anyone’s medications.

I also interviewed Home Manager #1, and he informed me that Resident B has a medical marijuana card. In addition, that there has been some recent guidance to address this matter. Since the facility is federally funded and supported with federal dollars, the federal laws take precedent over the Michigan State laws; therefore, the marijuana may not be kept or smoked on the property. In addition, staff are not to transport residents to a dispensary or place of purchase or take them to pick up marijuana. Marijuana is not allowed in the facility vehicle. Alcohol consumption is to be documented in daily progress notes and on an incident report if (caloric count applies). Home Manager #1 provided written documentation of the guidance along with staff signatures to demonstrate that they have been trained regarding this information.

Home Manager #1 stated that on November 20, 2021, Resident B had marijuana delivered to him, as a van pulled up to the end of the driveway. There was also an

incident in which the guys were outside in the garage, and they jumped (lit) the marijuana cigarette off a regular cigarette. There was also a concern that the guys go out in the woods. There is a concern that it was hunting season, which could make for an unsafe situation.

Home Manager #1 stated that he would be talking with Lenawee ORR regarding Resident B's Behavior Treatment Plan and addressing this issue through his plan. In addition, that Resident B's placement is in jeopardy.

Regarding smoking marijuana, Home Manager #1 reported that Resident A, Resident B, and Resident C have smoked marijuana, outside in the garage. In addition, that it happened again over the weekend (11/19/21).

On January 12, 2022, I conducted the exit conference with Mr. Brown, Licensee Designee. I informed him of the conclusion of the investigation and my recommendations. He concurred with the findings and agreed to submit a written corrective action plan.

APPLICABLE RULE	
R 400.14305	**Resident protection**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	According to Employee #1, Resident A said that he smoked marijuana with Resident B. Regarding smoking marijuana, Resident A stated “I just tried it. I took a puff and didn’t like it.” Resident A does not have a medical marijuana card. Resident B reported that he smoked with Resident A once. Resident C confirmed that Resident A was given marijuana, but it was not by him, and he did not know who. Regarding smoking marijuana, Home Manager #1 reported that Resident A, Resident B, and Resident C have smoked marijuana, outside in the garage. In addition, that it happened again over the weekend (11/19/21). Cardiologist #1 strongly advised Resident A of the dangers of drinking alcohol and smoking marijuana, due to his newly diagnosed health conditions and possible complications with medications. According to Home Manager #1, they have new guidance and marijuana may not be kept or smoked on the property. Home Manager #1 provided written documentation of the guidance along with staff signatures to demonstrate that they have been trained regarding this information. Based on the information gathered during this investigation and provided above, it’s concluded that there is a preponderance of the evidence to support the allegations that Resident A received marijuana from another resident and smoked it on the property, along with Resident B and Resident C; thus Resident A was not treated with dignity and his personal needs, including protection and safety, were not attended to at all times in accordance with the provisions of the act.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During this investigation, it was reported that Resident A was consuming alcohol, even though there was a letter from his physician (Doctor #1), discouraging this behavior, due to imminent health risks.

During a medical visit, Cardiologist #1 strongly advised Resident A of the dangers of drinking alcohol and smoking marijuana, due to his newly diagnosed health conditions and possible complications with medications.

On November 19, 2021, Guardian A voiced a concern that Resident A was using drugs and alcohol, while residing in a supervised licensed setting.

Regarding Resident A drinking, Employee #1 stated that Resident A drinks beer every other day or a couple times a week. She (Employee #1) also saw the letter from the doctor, that indicated that Resident A was at imminent risk if he continued to drink.

I interviewed Resident A. Regarding the alcohol, Resident A stated that when he goes to the store, he sometimes purchases two cans of beer, which are 24 ounces each. He will drink one can the first day and the second can of beer the next day. I asked what the doctor told him about drinking beer, and he stated that the doctor said it's not good. Resident A reported that he didn't buy beer that day, but that he goes out regularly to purchase beer.

As a part of this investigation, I reviewed a letter authored by Resident A's medical doctor, Doctor #1. On October 27, 2021, Doctor #1 noted that Resident A was currently under his care, and he advised that Resident A not drink alcohol due to the imminent danger it can cause, as well as, due to Resident A's history of alcohol abuse and poor thinking.

I also reviewed the *Medication Review and Person-Centered Plan*, signed by Psychiatrist #1, which was dated October 1, 2021. Resident A admitted to drinking alcohol almost daily. Psychiatrist #1 stressed the importance of not drinking alcohol. It was noted in the plan that Resident A adhere to the food and medication guidelines, including avoiding grapefruit and grapefruit juice, St. John's Wart, and alcohol.

On January 12, 2022, I spoke with Home Manager #1. I requested a copy of the *AFC Written Assessment Plan* for Resident A. I inquired when did Resident A purchase his beer and he stated when he goes on the CI outing with direct care staff from the facility. I inquired where the alcohol was consumed, and Home Manager #1

informed me that it's consumed in the basement of the home or outside (weather permitting). Home Manager #1 reported to be aware of the letter from the doctor regarding the imminent risks of drinking alcohol. Home Manager #1 stated that they talk to him (Resident A) constantly about this, but it's his personal property. In addition, that due to the Home and Community Based Program, their hands are tied. According to Home Manager #1, the doctor's orders are just a recommendation based on information from the Home and Community Based Program. I informed Home Manager #1 that if the information is documented in the plan and the *AFC Assessment Plan*, then that is a way to be in compliance, and safeguard the resident.

On this same date, I made a follow-up phone call to Home Manager #1, and he informed me that the team met, including Guardian A, to address the concerns of Resident A drinking. Resident A has also been prescribed a medication that makes him feel unwell if he takes the medication and drinks. According to Home Manager #1, Resident A continues to drink, his face becomes flush for a little while, but then it passes. There is a question about if Resident A is actually taking the medication or just keeping it in his cheek. Resident A has also attended some AA meetings. Home Manager #1 would like to see this frustrating matter resolved.

As a part of this investigation, I reviewed the written *AFC Assessment Plan* for Resident A. Regarding Resident A moving about independently in the community, it was documented that staff will supervise Resident A and follow his treatment plan.

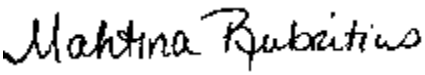
During the exit conference with Mr. Brown, he informed me that he would be clarifying these matters with Home Manager #1, as sometimes there are issues with interpretations of the Home and Community Based Program. He questioned why staff were driving Resident A to the store to purchase beer. Mr. Brown stated that he would swiftly handle the issue and that he would submit a written corrective action plan to address the established violation.

APPLICABLE RULE	
R 400.14303	**Resident care; licensee responsibilities.**
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

ANALYSIS:	Guardian A, Employee #1, Resident A, and Home Manager #1 all report that Resident A is consuming alcohol on a regular basis. Cardiologist #1 strongly advised Resident A of the dangers of drinking alcohol and smoking marijuana, due to his newly diagnosed health conditions and possible complications with medications. Regarding Resident A moving about independently in the community, it was documented in the *AFC Assessment Plan* that staff will supervise Resident A and follow his treatment plan. It was noted in the *Medication Review and Person-Centered Plan* that Resident A adhere to the food and medication guidelines, including avoiding grapefruit and grapefruit juice, St. John's Wart, and alcohol. Direct Care staff from the facility take Resident A into the community and he purchases beer to drink. According to Home Manager #1, Resident A consumes the beer in the basement of the facility or outside (weather permitting). Based on the information gathered during this investigation and provided above, it's concluded that there is a preponderance of the evidence to support the allegations that staff did not follow the written assessment plans as required by the rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable written corrective action plan, I recommend no change to the status of the license.



01/14/2022

Mahtina Rubritius — Date
Licensing Consultant

Approved By:

01/19/2022

Ardra Hunter — Date
Area Manager