



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 3, 2022

Scott Brown  
Synod Residential Services  
P.O. Box 980465  
Ypsilanti, MI 48197

RE: License #: AS810068314  
**Saxon House**  
**1812 Saxon**  
**Ann Arbor, MI 48103**

Dear Mr. Brown:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AS810068314                                    |
| <b>Licensee Name:</b>              | Synod Residential Services                     |
| <b>Licensee Address:</b>           | P.O. Box 980465<br>Ypsilanti, MI 48198-0465    |
| <b>Licensee Telephone #:</b>       | (734) 340-5840                                 |
| <b>Licensee/Licensee Designee:</b> | Scott Brown, Designee                          |
| <b>Administrator:</b>              |  |
| <b>Name of Facility:</b>           | Saxon House                                    |
| <b>Facility Address:</b>           | 1812 Saxon<br>Ann Arbor, MI 48103              |
| <b>Facility Telephone #:</b>       | (734) 669-8405                                 |
| <b>Original Issuance Date:</b>     | 10/01/1995                                     |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>MENTALLY ILL<br>AGED |
| <b>Certified Programs:</b>         | MENTALLY ILL                                   |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/03/2022

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

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.
- 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 determined to be in substantial compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

---

Jeffrey J. Bozsik  
Licensing Consultant

Date: 11/3/2022