



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 17, 2025

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

RE: License #: AS380015543  
**Renaissance III**  
**1600 Munith Road**  
**Jackson, MI 49201**

Dear Scott 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 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AS380015543
<b>Licensee Name:</b>	Renaissance Community Homes Inc
<b>Licensee Address:</b>	Suite C 1548 W. Maume St. Adrian, MI 49221
<b>Licensee Telephone #:</b>	(734) 439-0464
<b>Licensee/Licensee Designee:</b>	Scott Brown
<b>Administrator:</b>	Sara Johnson
<b>Name of Facility:</b>	Renaissance III
<b>Facility Address:</b>	1600 Munith Road Jackson, MI 49201
<b>Facility Telephone #:</b>	(517) 764-6040
<b>Original Issuance Date:</b>	08/16/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/16/2025

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

Date of Health Authority Inspection if applicable: Pending

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role:

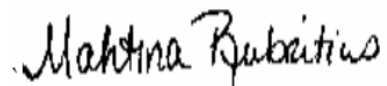
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
The on-site inspection was not concurrent with the mealtimes.
- 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.  
Incident Reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
R 400. 14318 (5), R 400.14405 (3), R 400.14305 (3), R 400.14303 (2), &  
R 400.14301 (2) 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 the rules and requirements.

### IV. RECOMMENDATION

Upon receipt of an approved Environmental Health Inspection report, renewal of the license and the special certification is recommended.



01/17/2025

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Mahtina Rubritius  
Licensing Consultant

Date