



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 22, 2026

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

RE: Application #: AS460420270
Pathlight House
3014 Marvin Drive
Adrian, MI 49221

Dear Scott Brown:

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS460420270

Applicant Name: Renaissance Community Homes Inc

Applicant Address: 4224 W. Maumee St
Adrian, MI 49221

Applicant Telephone #: (734) 439-0464

Administrator/Licensee Designee: Scott Brown

Name of Facility: Pathlight House

Facility Address: 3014 Marvin Drive
Adrian, MI 49221

Facility Telephone #: (734) 439-0464
02/04/2026

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

02/04/2026	Enrollment
02/04/2026	Contact - Document Received 1326 received along with app.
02/04/2026	PSOR on Address Completed
02/04/2026	Inspection Report Requested - Health Invoice#: 1035636
02/04/2026	Application Incomplete Letter Sent RI030 (Sending along with the 1326), AFC-100 and IRS letter.
02/04/2026	Contact - Document Sent Forms sent out via email and mail. The EHI inspection was emailed out as well.
02/10/2026	Contact - Document Received 1326/RI030, AFC-100 and IRS letter.
02/10/2026	Comment FP sent to Ashley.
02/10/2026	Comment FP back from Ashley.
02/10/2026	File Transferred To Field Office
02/11/2026	Application Incomplete Letter Sent
03/10/2026	Inspection Completed-Env. Health : A
03/11/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility.

The facility is a ranch style home with exterior vinyl siding. It is nestled in a subdivision in Adrian but forms part of the Madison Township zone. It was previously licensed as both a family home and a small group home prior to closing in 2025. The facility has a paved driveway that can accommodate more than two cars. There is also an attached car garage. The facility neighbors a skilled nursing home and a home for the aged

facility. About three miles away, there is a large shopping district where one can source food, clothing, hardware and gasoline.

Due to the facility's location, it utilizes both private water and sewer, which were inspected by the Lenawee County Health Department on 3/10/2026, receiving an A-Rating and determined to be in substantial compliance with all applicable environmental health and safety rules.

The facility is owned by Renaissance Community Homes dba Pathlight Community Services, and a copy of the deed was provided and placed in the facility folder. The owner provided the department with permission to inspect the facility.

The facility is a ranch style building. The front of the property facing the street is the primary means of egress. This door is also an entrance to the living room. There are two other exits: one off the kitchen and another off the dining room. This dining room exit leads to a deck which also has an attached wheelchair ramp, therefore the facility can accommodate residents who require wheelchairs and has at least two approved means of egress. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

There are three resident bedrooms on the main floor along with two full bathrooms. There is a hallway off the living room providing access to the resident areas and bathrooms. Each bathroom consists of a toilet, sink, a walk-in shower and mechanical fan for ventilation.

The dining room and kitchen are also accessible from the living room. The bedrooms are of adequate width to accommodate wheelchairs. The laundry room is past the kitchen and is equipped with a washer and electric dryer, suitably vented.

The facility has a basement that is separated from the main floor by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The staircase has a handrail for support. The basement contains the furnace and water heater that were both inspected by licensed contractors. The basement area will not be used for resident activities. During the onsite inspection it was noted that there were no items stored near the heating plant. The basement is a poured wall; no evidence of excessive water or moisture was present.

The furnace was inspected on 1/12/2026 by Whitcher Plumping and determined to be in good condition. The electrical systems and interconnected smoke detections were inspected on 3/10/2026 by AEG At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was inspected by a licensed electrician on [insert date] and determined to be fully operational and in good condition. Smoke detectors are located in

all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'x13'6"	176	2
2	10'x13'	130	2
3	10'x13'	130	2

The living, dining, and sitting room areas measure a total of 299 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to six male and female ambulatory and/or non ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, in the least restrictive environment possible.

According to the program statement: "The purpose of Pathlight House is to provide intensive residential treatment to developmentally disabled and mentally ill who require additional support in managing symptoms that occur in both populations."

The licensee will promote group activities and community outings, and provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents mainly from Lenawee Community Mental Health Authority as a referral source.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement and as a condition of its mandate of specialized certification.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant, Renaissance Community Homes, a Domestic Non-Profit Corporation” was established in Michigan, on 09/10/1986. Scott Brown is the Resident Agent. The facility will be operated by Renaissance Community Homes dba Pathlight Community Services. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Renaissance Community Homes Inc. have submitted documentation appointing Scott Brown as Licensee Designee for this facility and Sheena Rising as the Administrator of the facility. Mr. Brown has functioned as the licensee designee since 10/30/2015.

A licensing record clearance request was completed with no LEIN convictions recorded for Scott Brown. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee’s good health, dated 03/05/2026.

Sheena Rising, the facility administrator also submitted a medical clearance with a statement from a physician documenting her good health, dated 04/01/2026 and verification Sheena Rising has a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator’s AFC experience and a concise overview of the key qualifications and work history. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator’s AFC experience and a concise overview of the key qualifications and work history. Mr. Brown has managed Renaissance Community Homes since 2015, when he was appointed licensee designee. He has over a decade of experience developing programming and coordinating care with community mental health partners. Ms. Rising has been employed with the company since 2009, serving roles in direct care and management.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of

supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

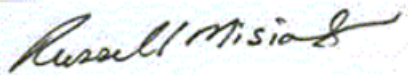


4/22/26

Dwight Forde
Licensing Consultant

Date

Approved By:



4/23/26

Russell B. Misiak
Area Manager

Date