GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 15, 2026

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

RE: License #: AS470288279
**Burkhart Road Home**
**56 S. Burkhart Road**
**Howell, MI 48843**

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 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) 335-5985.

Sincerely,



Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS470288279 |
| **Licensee Name:** | Renaissance Community Homes Inc |
| **Licensee Address:** | 4224 W. Maumee St<br>Adrian, MI 49221 |
| **Licensee Telephone #:** | (734) 448-3007 |
| **Licensee Designee:** | Scott Brown |
| **Administrator:** | Scott Brown |
| **Name of Facility:** | Burkhart Road Home |
| **Facility Address:** | 56 S. Burkhart Road<br>Howell, MI 48843 |
| **Facility Telephone #:** | (517) 548-4495 |
| **Original Issuance Date:** | 07/11/2007 |
| **Capacity:** | 6 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 09/15/2026

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: management

- 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.

The facility is in compliance with all applicable rules and statutes.

## IV. RECOMMENDATION

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



09/15/2026

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Julie Elkins Date
Licensing Consultant