



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

February 2, 2009

W. Conner  
Renaissance Community Homes Inc  
P.O. Box 166  
Milan, MI 48160

RE: Application #: AS460299225  
Green Highway Home  
4048 Green Hwy.  
Tecumseh, MI 49286

Dear Mr. Conner:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Kaufman".

Dennis R Kaufman, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 3013  
1040 S. Winter  
Adrian, MI 49221  
(517) 264-6326

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS460299225

**Applicant Name:** Renaissance Community Homes Inc

**Applicant Address:** 25 E Main Street  
Milan, MI 48160

**Applicant Telephone #:** (734) 439-0464

**Administrator/Licensee Designee:** Amanda Iffland, Administrator  
W. Conner, Designee

**Name of Facility:** Green Highway Home

**Facility Address:** 4048 Green Hwy.  
Tecumseh, MI 49286

**Facility Telephone #:** (517) 423-2622

**Application Date:** 11/17/2008

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

11/17/2008	Enrollment
11/26/2008	Application Incomplete Letter Sent
12/09/2008	Contact - Document Received
12/10/2008	Application Complete/On-site Needed
12/10/2008	Inspection Report Requested - Health
12/15/2008	Contact - Document Received Received facility file.
12/15/2008	Application Incomplete Letter Sent
12/16/2008	Inspection Completed On-site Conducted physical plant inspection.
01/06/2009	Inspection Completed-Env. Health : B
01/29/2009	Inspection Completed-Env. Health : A
01/30/2009	Inspection Completed-BFS Full Compliance

This investigation included a review of the application forms and supporting documents including the admission, discharge, and refund policies, corporate documents, program statement, personnel policies and procedures, job descriptions, employee records, organizational chart, routine and emergency numbers, written emergency plan and emergency repair numbers, processed licensing record and medical clearance, applicant financial reports, and on-site inspections.

It should also be noted this applicant has had this facility licensed as a medium group home (AM460008952) since 2/4/91. The facility has also been certified to provide specialized residential services and is under contract to Lenawee Community Mental Health Authority. The licensee was approached by the contractor to reduce its bed capacity to 6 beds and make the necessary building changes to meet wheelchair accessibility requirements.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

#### 1. Environmental:

The facility is located on a large lot in Raisin Township which is in the country on a paved road. The facility is a ranch style home with resident living areas on the ground

floor. There is no garage to this facility. There is a basement that houses utilities and a staff office. The driveway is gravel and has ample parking for vehicles.

The front door is accessed on the east side and there is a wheelchair ramp that was recently installed as well as a new wheelchair ramp on the west exit door. Both ramps meet the construction requirements for wheelchair ramps and the facility has been determined to meet requirements for wheelchair accessibility.

Upon entering the front door, there is a large living room. To the right and left of the living room are hallways which lead to resident bathrooms and bedrooms. Immediately straight through the living room are the dining and kitchen areas and the west exit door.

The bedroom locations and total square feet per bedroom are as follows:

Northeast bedroom - 102 square feet.  
Northeast middle bedroom- 95 square feet  
Northwest bedroom- 150 square feet  
Southeast bedroom- 102 square feet  
Southeast middle bedroom- 195 square feet  
Southwest bedroom- 156 square feet

Each bedroom has built-in closets and large screened windows.

There are two full bathrooms that are located in the north and south hallways of the facilities.

The dining room and the living room dimensions exceed the minimum square footage required for 6 residents.

The facility has a full basement where the gas fired furnace and water heater are located. The basement is finished, has a staff office, and has a walk out exit on the west side.

## 2. Sanitation:

The facility is serviced by a private sewer system and water system. Both of these systems were inspected by the Lenawee County Public Health Department and approved.

Garbage service is provided by a private vendor and is picked up once a week.

## 3. Fire Safety:

The furnace and hot water heater are located in an approved heat enclosure in the basement. The facility also has an approved fire rated door at the top of the basement stairway on the first floor.

The facility has an interconnected smoke alarm system on the main floor and in the basement area and the licensee has a private vendor conduct annual maintenance inspections on this system. The facility has approved fire extinguishers on each floor.

## **B. Program Description**

### 1. Administrative Structure & Capacity:

The applicant is a Domestic Nonprofit Corporation, having been incorporated in Michigan on 9/10/1986. W. Michael Conner serves as the corporation's Resident Agent and Executive Director. All corporate documentation has been reviewed.

Mr. Conner serves as the licensee designee and Amanda Iffland serves as the facility administrator. Criminal record clearances have been completed on both and approved.

### 2. Qualifications and Competencies:

The applicant presently has 19 other licensed facilities in southeast Michigan. Mr. Conner has served as licensee designee and Executive Director since it became incorporated. Mr. Conner has been found to meet all requirements as the licensee designee.

Amanda Iffland is presently facility administrator for several licensed facilities for the Corporation in Lenawee County. Ms. Iffland's education and work experience exceeds the requirements to be the administrator for this facility.

### 3. Program Information:

The Program Statement and Admission Policy state the facility will admit both men and women, aged 18 and over that exhibit needs for adult intensive multidisciplinary case management and treatment. The residents will have a developmental disability diagnosis and may also have a physical handicap and/or secondary diagnosis of mental illness. Since the facility is under contract with Lenawee Community Mental Health Authority, all referrals for admission will be coordinated with this agency. Each resident will have a Person Centered Plan which will outline those services the facility will provide to each resident.

Resident medications are stored and locked in a cabinet in a locked office.

Emergency medical services will be provided by local hospitals, and emergency transportation services will be provided by the local township ambulance services.

4. Employee Records:

The applicant has supplied copies of personnel policies, job descriptions, and standard procedures. A staff schedule was provided and there will be no less than 2 staff for every 6 residents on a 24 hour a day basis.

I have reviewed employee records and have found the documentation meets established criteria for personnel records. The "good morale character" of each employee is assessed through the job application, references, and each employee is scheduled for fingerprint scanning as per Public Act 29. Results of the fingerprint scanning were reviewed in the employee records.

The applicant is aware of the administrative rules regarding the licensee's handling of resident funds and is in compliance with those requirements.

5. Resident Rights:

The facility has a resident rights policy and will supply this information to individuals being referred for admission.

6. Conclusion:

Compliance with the physical plant rules has been determined. Compliance with Quality of Care rules will be assessed during the period of temporary licensing.

**IV. RECOMMENDATION**

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



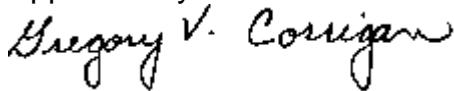
1/30/09

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Dennis R Kaufman  
Licensing Consultant

Date

Approved By:



02/02/2009

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Gregory V. Corrigan  
Area Manager

Date