



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 29, 2025

Mallissa Yacenic  
Renaissance Gardens at Fox Run  
41215 Fox Run Rd.  
Novi, MI 48377

RE: License #: AH630306479  
Renaissance Gardens at Fox Run  
41215 Fox Run Rd.  
Novi, MI 48377

Dear Licensee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and 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 877-458-2757.

Sincerely,

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630306479
<b>Licensee Name:</b>	Fox Run Village, Inc.
<b>Licensee Address:</b>	41000 W. 13 Mile Rd. Novi, MI 48377
<b>Licensee Telephone #:</b>	(248) 668-8688
<b>Authorized Representative/ Administrator:</b>	Mallissa Yacenic
<b>Name of Facility:</b>	Renaissance Gardens at Fox Run
<b>Facility Address:</b>	41215 Fox Run Rd. Novi, MI 48377
<b>Facility Telephone #:</b>	(248) 668-8720
<b>Original Issuance Date:</b>	02/24/2010
<b>Capacity:</b>	200
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/23/2025

Date of Bureau of Fire Services Inspection if applicable: 04/24/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 09/29/2025

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 28

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Licensure survey dated 12/16/2022 to CAP dated 1/5/2023: R 325.1922(7), R 325.1923(2), R 325.1932(1)
- Special Investigation Report (SIR) 2024A1019021 dated 1/12/2024 to CAP dated 1/26/2024: R 325.1979(1)
- Number of excluded employees followed up? Ten N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 325.1932            Resident medications.**

**(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.**

A review of the narcotic count record for the 2nd floor medication cart revealed incomplete documentation. Staff are required to sign in and out during each shift and record the final narcotic count; however, observations showed these steps were not consistently followed.

For example:

The evening shift sign-out was left blank on 9/19/2025.

The night shift sign-out was left blank on 9/20/2025.

The day shift sign-in was left blank on 9/21/2025.

Additionally, the final narcotic count was not consistently recorded and could not be determined if a count was completed or not.

**VIOLATION ESTABLISHED.**

**R 325.1923            Employee's health.**

**(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.**

A review of records for Employees #2, #3, and #4 showed they were not in compliance with TB screening requirements, as their tuberculosis screenings were not completed within the appropriate timeframe relative to their hire dates.

Employee #2 was hired on 3/24/2025, but her TB blood test was reported on 2/28/2025.

Employee #3 was hired on 7/14/2025, with TB blood test results dated 6/19/2025.

Employee #4 was hired on 6/9/2025, and her TB blood test was reported on 5/24/2025.

Additionally, the home lacked a TB Risk Assessment completed within the previous year.

### **REPEAT VIOLATION ESTABLISHED**

**[For reference, see licensing study report (LSR) dated 12/16/2022, CAP dated 1/5/2023]**

**R 325.1922 Admission and retention of residents.**

**(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.**

Review of records revealed that Residents A, B, and C did not receive a tuberculosis (TB) screening within one year prior to their admission to the home, as required.

While on-site, Employee #5 confirmed the actual move-in dates for both residents.

Resident A moved into the home on 3/27/2021, but his TB skin test was not administered until 1/11/2023 and read on 1/14/2023.

Resident B moved into the home on 12/19/2021, while her TB skin test was administered on 7/29/2022 and read on 8/1/2022.

Resident C moved into the home on 4/21/2025; however, lacked a TB screening prior to admission.

Additionally, the home lacked a TB Risk Assessment completed within the previous year.

### **REPEAT VIOLATION ESTABLISHED**

**[For reference, see licensing study report (LSR) dated 12/16/2022, CAP dated 1/5/2023]**

**R 325.1931 Employees; general provisions.**

**(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.**

**For Reference:**

**R 325.1931 Employees; general provisions.**

**(4) The supervisor of resident care on each shift shall do all of the following:**  
**(a) Assure that residents are treated with kindness and respect.**  
**(b) Protect residents from accidents and injuries.**  
**(c) Be responsible for safety of residents in case of emergency.**

A review of the staff schedule for a two-week period in September 2025 revealed inconsistencies in the assignment of supervisory roles. On several days, Employee #1 identified more than one staff member as the day shift supervisor.

Additionally, on a separate schedule, Employee #1 identified the security guard as the supervisor for the 11:00 PM to 7:00 AM shift; however, this individual was not assigned to a resident care position as required by regulation. It is unclear how this individual, in that role, could effectively ensure that residents are treated with kindness and respect, or adequately protect residents from accidents and injuries, as required by regulation.

**VIOLATION ESTABLISHED.**

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/29/2025

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Date

Licensing Consultant