



JOHN ENGLER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

RONALD M. BASSO
ACTING DIRECTOR

July 18, 2002

Naomi Kennedy
Kennedy's Care Enterprise Inc.
P.O. Box 62
26743 Stanford
Inkster, MI 48141

RE: Application #: AS820247826
Romulus Home
9650 Tobine
Romulus, MI 48174

Dear Ms. Kennedy:

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 5 is issued effective July 19, 2002 .

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Tom Kennedy, Area Manager, at (313) 456-0412.

Sincerely,

Marjorie Murrell, Licensing Consultant
Bureau of Regulatory Services
Cadillac Pl. Ste 11-350
P.O.Box 02982
Detroit, MI 48202
(313) 456-0407

enclosure

cc: CLS

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF REGULATORY SERVICES
ADULT FOSTER CARE LICENSING DIVISION
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS820247826

Applicant Name: Kennedy's Care Enterprise Inc.

Applicant Address: P.O. Box 62
26743 Stanford
Inkster, MI 48141

Applicant Telephone #: (313) 562-9384

Administrator/Licensee Designee: Naomi Kennedy, Designee

Name of Facility: Romulus Home

Facility Address: 9650 Tobine
Romulus, MI 48174

Facility Telephone #: (734) 942-9055

Application Date: 04/22/2002

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

03/25/2002	Inquiry
04/22/2002	Enrollment
04/22/2002	Contact - Document Received app materials/supporting documents
04/22/2002	Contact - Document Sent app rec'd letter
05/21/2002	Contact - Document Received additional application documents/information received from administrator
05/21/2002	Inspection Completed On-site
05/21/2002	Contact - Document Sent confirming letter
07/01/2002	Contact - Telephone call received from administrator. Appt. made for final inspection.
07/18/2002	Inspection Completed On-site
07/18/2002	Inspection Completed-BRS Full Compliance
07/18/2002	Inspection Completed-Env. Health : A
07/18/2002	Inspection Completed-Fire Safety : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story brick structure with large front and rear yards, off street parking and no garage. The home contains a kitchen, three bedrooms, a full bathroom, a ½ bathroom, dining room/office, living room, furnace room, laundry room and pantry. This home was previously licensed under # AS820015908 and was known as the Shook-Tobine home. This licensee took over the operation of this home effective April 15, 2002.

1. Fire Safety Requirements

All of the required fire safety rules were in substantial compliance at the time of final inspection.

2. Physical Plant Requirements

Physical plant rules were in substantial compliance at the time of final inspection.

R 400. 14409 regarding bedroom space

Bedroom # 1 front measured 164 sq. ft. and is approved for one resident bed.

Bedroom # 2 front measured 172 sq. ft. and is approved for two resident beds.

Bedroom # 3 rear measured 163 sq. ft. and is approved for two resident beds.

Total approved capacity is five (5) resident beds.

R 400. 14405(1) regarding living area

The available space from the living room and dining room provides at least 35 sq. ft. per occupant as required.

3. Zoning

This facility is protected under the Federal Fair Housing Amendments Act and there are no zoning requirements.

B. Program Description

Kennedy's Care Enterprise Inc. will provide a developmentally disabled/mentally ill program to five adults placed by Community Living Services, a Wayne County Community Mental Health agency. This facility will be a full Community Mental Health contract home and the current contract is in the process of being completed. A letter of intent is on file from Community Living Services to the licensee.

This home proposes to provide daily training environments specifically for the care, treatment and habilitation of residents and to provide opportunity to maximize the social living skills independence of these adults to prevent the need for institutionalization. Per the program statement, emphasis will be placed each day on language development and communication skills, basic living and self-help skills and socially appropriate behavior. Each resident will participate at his own level in group activities, meal preparation, shopping, laundering and housekeeping tasks.

Quality of Care Requirements

1. Administrative Structure and Employee Information/Qualifications

Kennedy's Care Enterprise, Inc. is a non-profit Michigan corporation that has been in business since 1997. This corporation consists of president Naomi Kennedy and secretary/treasurer, Mattie Orr. There are also three directors. The corporation has filed annual reports and is in compliance with the Bureau of Commercial Services, Corporation Division. The administrator and licensee designee is Naomi Kennedy who has operated similar facilities for several years. One file are the medical and license clearance for Ms. Kennedy that show no reason why she cannot be licensed to provide adult foster care for this facility. Also on file are verification of Ms. Kennedy's training and education.

Staff ratio at this home will be as follows: Monday through Friday one staff on days, two staff on afternoons and one staff on midnights; Saturday and Sunday, two staff on days, two staff on afternoons and one staff on midnights. There are currently 8 staff working at the home for 7.5 FTE's. The home manager is Jeanette Foucher. All staff have been trained through Community Living Services and in-service training.

IV. RECOMMENDATION

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

Marjorie Murrell
Licensing Consultant

Date

Approved By:

Tom Kennedy
Area Manager

Date