



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 27, 2020

Naomi Kennedy  
Kennedy's Care Enterprise Inc.  
27509 Cherry Hill Rd.  
Inkster, MI 48141

RE: License #: AS820286045  
**Corley Home**  
**111 Bert Lane**  
**Inkster, MI 48141**

Dear Ms. Kennedy:

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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,



K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820286045

**Licensee Name:** Kennedy's Care Enterprise Inc.

**Licensee Address:** 27509 Cherry Hill Rd.  
Inkster, MI 48141

**Licensee Telephone #:** (313) 274-0044

**Licensee/Licensee Designee:** Naomi Kennedy, Designee

**Administrator:** Naomi Kennedy

**Name of Facility:** Corley Home

**Facility Address:** 111 Bert Lane  
Inkster, MI 48141

**Facility Telephone #:** (734) 405-0406

**Original Issuance Date:** 07/05/2007

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

04/24/2020

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 03

No. of others interviewed 01 Role: Coordinator, M. Stubbs

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Completed virtual inspection due to public health crisis
- 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.  
Virtual inspection
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
Virtual inspection
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
Virtual inspection
- 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 found to be in non-compliance with the following rules:

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

The licensee didn't sign KS's most recent Resident Care Agreement dated 8/13/19.

**R 400.14311            Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

**(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:**

**(b) Any accident or illness that requires hospitalization.**

KS was hospitalized 12/28/19 to 12/29/19 for chest pains. Copy of incident report wasn't sent to the department to report the hospitalization. Observed Person(s) Notified section is blank under "AFC Licensing" section.

**R 400.14315            Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

KS's Resident Funds II is updated through 3/19/20. His current funds balance is recorded as \$94.22. When asked to verify his cash on hand, I counted \$44.22 by way of video. Home Manager, Christine said she sent the remaining \$50 to the main office since we're in quarantine and he's not using it. However, the Funds II does not record the transfer of funds. Therefore, KS's Funds II form is not accurate.

**R 400.14318                      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The licensee did not assure fire drills were completed during SLEEP hours in the 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2019.

**On 4/27/20, I completed an exit conference with Coordinator, Marsha Stubbs for Licensee, Naomi Kennedy. Per Ms. Stubbs, Ms. Kennedy was not available. Ms. Stubbs does not disagree with the rule violations. She will forward the information to the licensee with plans to submit a corrective action plan.**

**IV. RECOMMENDATION**

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



04/27/20

Date

Licensing Consultant