



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 30, 2020

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

RE: Application #: AS820404196  
**Haggerty Home**  
**6363 S. Wayne**  
**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 6 is issued.

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 contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820404196

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

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

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

**Administrator/Licensee Designee:** Naomi Kennedy

**Name of Facility:** Haggerty Home

**Facility Address:** 6363 S. Wayne  
Romulus, MI 48174

**Facility Telephone #:** (734) 595-8725

**Application Date:** 03/24/2020

**Capacity:** 6

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

## II. METHODOLOGY

03/24/2020	Enrollment
04/02/2020	Application Incomplete Letter Sent 1326 & AFC 100 for Naomi
06/03/2020	Contact - Document Received 1326, AFC 100
06/29/2020	Application Incomplete Letter Sent
07/14/2020	Contact - Document Received
07/14/2020	Inspection Completed-BCAL Sub. Compliance
07/14/2020	Inspection Completed On-site
09/21/2020	Inspection Completed On-site
09/24/2020	Contact - Document Received
09/24/2020	Application Complete/On-site Needed
09/24/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Haggerty Home is located in a residential area of Metro Detroit. The home address is 6363 S. Wayne Rd Romulus, MI 48174; Wayne County. The ranch style home has a gray brick finish, an attached garage and driveway that is located on the southside of the home with adequate parking for staff and visitors. There are four bedrooms, kitchen, dining area, family room, sunroom, living room which intends to be used as a recreational area and two bathrooms; one of which is in the resident's bedroom. The home has two means of egress, the main entrance and back door. The main entrance leads to the recreational area and the back door exits onto a wooden deck leading to a large open backyard. The home utilizes public water and sewage disposal.

The home is not wheelchair accessible and cannot accommodate wheelchairs.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection

system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
West	13.17 x 13.92	183	2
West	9.92 x 11.42	113	1
Northeast	10.92 x 12.92	141	2
East	12.92 x 14.42	186	2

The living, family, and sunroom areas measure a total of 524 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant, intends to provide 24-hour supervision, protection and personal care to **six (6)** male ambulatory adults whose diagnosis is mentally ill, developmentally disabled aged or Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: (Detroit Wayne Integrated Health Network).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is Naomi Kennedy intent to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an environment to enhance the quality of life and/or increase the independence of residents.

### C. Applicant and Administrator Qualifications

The applicant is Kennedy’s Care Enterprise, Inc., which is a “Non Profit Corporation” was established in Michigan, on 5/18/1992. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Kennedy’s Care Enterprise, Inc., has submitted documentation appointing Naomi Kennedy as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee is the current licensee designee and administrator for the following facilities:

Facility Name	License Number	Population	Original License Date/ Facility Status
Glenwood Group Home	AS820091936	Developmentally Disabled/Mentally III	2000 - Active
Leader Group Home	AS820246773	Developmentally Disabled/Mentally III	2002 - Active
Leslie Group Home	AS820014665	Developmentally Disabled/Aged/Alzheimer’s	1992 - Active
Romulus Group Home	AS820247826	Developmentally Disabled/Mentally III	2002 - Active
Corley Group Home	AS820286045	Developmentally Disabled/Mentally III/Aged	2007 - Active

The staffing pattern for the original license of this **6**-bed facility is adequate and includes a minimum of **1** staff –to- **6** residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The licensee designee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their

responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee designee acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

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



9/29/2020

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Denasha Walker  
Licensing Consultant

Date

Approved By:



9/30/2020

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Ardra Hunter  
Area Manager

Date