



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 31, 2022

Kimberly Nichols
Joyner Home LLC
PO Box 04030
Detroit, MI 48204

RE: License #: AS820290866
Joyner Home II
7429 East Robinwood Street
Detroit, MI 48234

Dear Mrs. Nichols:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AS820290866 |
| Licensee Name: | Joyner Home LLC |
| Licensee Address: | PO Box 04030 Detroit, MI 48204 |
| Licensee Telephone #: | (313) 570-6006 |
| Licensee/Licensee Designee: | Kimberly Nichols |
| Administrator: | Kimberly Nichols |
| Name of Facility: | Joyner Home II |
| Facility Address: | 7429 East Robinwood Street Detroit, MI 48234 |
| Facility Telephone #: | (313) 891-6897 |
| Original Issuance Date: | 11/06/2007 |
| Capacity: | 4 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2022

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 3
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Full worksheet inspection
- 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.
Inspection not done during a meal time
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 4).



05/31/2022

Shatonla Daniel
Licensing Consultant

Date