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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 20, 2022

Kelsey Kennedy
KnL Services LLC
8716 South River Rd
Cheboygan, MI 49721

RE: Application #: AS240414325
Kennedys River Bend
8889 Reed Rd.
Carp Lake, MI 49718

Dear Mr. 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS240414325
Applicant Name:	KnL Services LLC
Applicant Address:	8716 South River Rd Cheboygan, MI 49721
Applicant Telephone #:	(701) 641-6472
Licensee Designee:	Kelsey Kennedy, Designee
Name of Facility:	Kennedys River Bend
Facility Address:	8889 Reed Rd. Carp Lake, MI 49718
Facility Telephone #:	(701) 641-6472
Application Date:	09/29/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

II. METHODOLOGY

07/18/2022	Inspection Completed-Environmental Health: A
09/29/2022	Enrollment
09/29/2022	Application Incomplete Letter Sent RI 030/Fingerprint for LD
10/31/2022	Contact - Document Received RI 030 for Kelsey Kennedy
11/02/2022	File Transferred to Field Office
11/22/2022	Inspection Completed On-site
12/16/2022	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This single-story, wood-built home is located in a rural area outside of the town of Carp Lake, Michigan. There are three resident rooms which are spacious enough to accommodate two residents each. There are two full bathrooms and one half-bathroom available in the home. The common areas include a main living room, dining room, kitchen and laundry room.

The furnace and hot water heater are located in the basement, with a 1-3/4 inch solid core door equipped with an automatic self-closing device.

The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. There is also an automated lift available to the residents when accessing the garage but this is not an emergency exit.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

The facility has private water and septic system. An environmental health inspection was conducted on July 18, 2022. The Sanitarian determined the facility to be in substantial compliance with applicable rules. The furnace was inspected by a licensed mechanical inspector on December 16, 2022.

The resident bedrooms were measured during an on-site inspection and have the following dimensions:

Room	Dimensions	Area	Capacity
Bedroom #1	13' x 10'	130 square feet	2 residents
Bedroom #2	15'6" x 13'	200 square feet	2 residents
Bedroom #3	14'6" x 14'	203 square feet	2 residents

The indoor living and dining areas measure a total of 600 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 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 6 male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a mental illness and/or a physical handicap, in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is KnL Services, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on September 20, 2022. 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 KnL Services, L.L.C. has submitted documentation appointing Kelsey Kennedy as Licensee Designee for this facility and Lynn Kennedy as the Administrator of the facility.

A criminal history background check was conducted for the licensee designee and administrator. They have been determined to be of good moral character. The licensee designee submitted a statement from a physician documenting his good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift during awake hours and 1 staff -to- 6 residents during sleeping hours. Staff will be allowed to sleep during sleeping hours if no residents require awake staff, otherwise awake staff will be available.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 applicant 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), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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 applicant acknowledges their responsibility to obtain all required good moral character, medical and training 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 applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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 applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

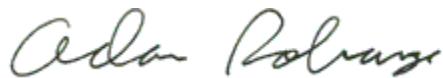
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in substantial 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 adult foster care group home (capacity 6).



12/20/2022

Adam Robarge
Licensing Consultant

Date

Approved By:



12/20/2022

Jerry Hendrick
Area Manager

Date