



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 29, 2023

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

RE: License #: AS820404196
Haggerty Home
6363 S. Wayne
Romulus, MI 48174

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.
- Fire safety plan outlining a safe and orderly way for residents to evacuate, proper maintenance and housekeeping required to prevent fires and checking all fire safety equipment including smoke detection system, and fire extinguishers.
- 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,



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

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

I. IDENTIFYING INFORMATION

License #: AS820404196

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

Administrator: Naomi Kennedy

Name of Facility: Haggerty Home

Facility Address: 6363 S. Wayne
Romulus, MI 48174

Facility Telephone #: (734) 595-8725

Original Issuance Date: 09/30/2020

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/27/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Area Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was completed.
- 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.
Meal prepared prior to inspection.
- 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 found to be in non-compliance with the following rules:

R 400.14509 Means of egress; wheelchairs.

(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

At the time of inspection, Naomi Kennedy, licensee designee is providing care to Resident A who regularly requires a wheelchair. The home is not wheelchair accessible and is not equipped with wheelchair ramps at 2 approved means of egress from the first floor.

To bring the home into compliance, a written request to modify the license and program components to include wheelchair accessible must be submitted and the following physical plant modifications:

- Home must be equipped with 2 wheelchair ramps at both approved means of egress from the first floor, in accordance with R 400.14509 (2).
- A transition plate from the dining area into the family room.
- A transition plate at the sunroom exit door to the deck area.
- A transition plate at the door exiting from the house into the garage which forms a part of a required means of egress.
- A transition plate on both sides of the garage door exiting outside.

On 03/29/2023, I conducted an exit conference with Naomi Kennedy and made her aware of the modification required to achieve compliance. Compliance with the licensing act and administrative rules related to the physical plant will be assessed by conducting follow-up inspections until compliance is obtained. The violations cited in the report require the submission of a written corrective action plan, in which she has agreed to submit.

IV. RECOMMENDATION

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



03/29/2023

Denasha Walker
Licensing Consultant

Date