



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2024

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

RE: License #: AS820014665
Leslie Group Home
26743 Stanford
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,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, MSW, 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 #: AS820014665

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: Leslie Group Home

Facility Address: 26743 Stanford
Inkster, MI 48141

Facility Telephone #: (313) 562-9384

Original Issuance Date: 01/23/1992

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/19/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 03

No. of others interviewed 01 Role: Program Coordinator

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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 prep sandwiches.
- 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:
2022: 205(6), 205(5), 301(6)(b) 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 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Direct care staff, Angela Stockstill's last 2 TB test results are dated 2/12/17 and 7/15/24 which is 4 years late. Therefore, the licensee did not verify testing every 3 years as required.

This is a **REPEAT VIOLATION**; Ms. Kennedy submitted an approved plan of correction on 8/1/22, but to date, the plan has not been successfully implemented based on the current violation. Note: Continued noncompliance will result in modification of the license.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(b) A description of services to be provided and the fee for the service.

2 of 2 2024 Resident Care Agreements do not include the basic fee for service.

This is a **REPEAT VIOLATION**; Ms. Kennedy submitted an approved plan of correction on 8/1/22, but to date, the plan has not been successfully implemented based on the current violation. Note: Continued noncompliance will result in modification of the license.

R 400.14315 Handling of resident funds and valuables.

(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

Licensee did not obtain prior written approval to make charges against resident accounts. The question was left unanswered on the most recent Resident Care Agreements.

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.

No EVENING fire drill was conducted during the 1st quarter of 2024.

IV. RECOMMENDATION

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



07/23/24

Kara Robinson
Licensing Consultant

Date