



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2025

Stephanie Kennedy- Kinney
Saints Incorporated
2945 S. Wayne Road
Wayne, MI 48184

RE: License #: AS820013647
Investigation #: 2025A0119055
Harrison House

Dear Mrs. Kennedy- Kinney:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 456-0439.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820013647
Investigation #:	2025A0119055
Complaint Receipt Date:	09/08/2025
Investigation Initiation Date:	09/12/2025
Report Due Date:	11/07/2025
Licensee Name:	Saints Incorporated
LicenseeAddress:	2945 S. Wayne Road Wayne, MI 48184
Licensee Telephone #:	(734) 722-2221
Administrator:	Stephanie Kennedy-Kinney
Licensee Designee:	Stephanie Kennedy- Kinney
Name of Facility:	Harrison House
Facility Address:	717 Harrison Inkster, MI 48141
Facility Telephone #:	(313) 563-5396
Original Issuance Date:	12/19/1980
License Status:	REGULAR
Effective Date:	03/19/2024
Expiration Date:	03/18/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A fell and injured her ribs without required staff supervision.	Yes

III. METHODOLOGY

09/08/2025	Special Investigation Intake 2025A0119055
09/08/2025	Referral - Recipient Rights Received
09/08/2025	APS Referral
09/12/2025	Special Investigation Initiated - Telephone Home Manager- Nellie Dixon
09/23/2025	Inspection Completed On-site Sharron Stinson, Nellie Dixon, Observed Resident A and B
10/09/2025	Contact - Document Received Resident A's Individual plan of service
11/06/2025	Contact- Telephone call made Resident A's guardian (Guardian A1)
11/07/2025	Exit Conference Licensee Designee Stephanie Kennedy- Kinney

ALLEGATION:

Resident A fell and injured her ribs without required staff supervision.

INVESTIGATION:

On 09/12/2025, I telephoned and interviewed Home Manager- Nellie Dixon regarding the above allegations. Nellie stated she was helping Resident A get dressed and went to put her clothing in the washing machine. Nellie stated she did

leave Resident A unattended and when she returned to the room, Resident A was on the floor. Nellie stated Resident A told her that the voices told her to get up and make her bed. Nellie stated Resident A is a fall risk and she does require staff to be present when she is ambulating. Nellie stated Resident A has fallen three times in the past.

On 09/23/2025, I completed an unannounced on-site inspection and interviewed Sharron Stinson regarding the above allegations. I observed Residents A-B due to their disabilities and they could not be interviewed. Sharron stated there are two staff working in the day and evening shifts but one staff working at night. Sharron stated Resident A has fallen in the past. Sharron stated we monitor Resident A as closely as we can. Sharron stated when Resident A is ambulating, we are supposed to keep her in eyesight and be right by her. Sharron stated Resident A is known to get up on her own without staff being present too.

On 10/09/2025, I received Resident A's individual plan of service (IPOS) dated 02/17/2025 from Community Living Services and an incident report dated 09/08/2025 which was completed by Nellie Dixon. The IPOS indicates that Resident A can be within eyesight while seated and she has a fall risk assessment attached due to being a fall risk. It further states Resident A will receive increased hands on assistance from staff while dressing and bathing due to Resident A not being able to physically complete these tasks.

On 11/06/2025, I telephoned and interviewed Resident A's guardian (Guardian A1) regarding the above allegations. Guardian A1 stated she is aware that Resident A falls a lot due to having no use of her right side. Guardian A1 stated she has asked the facility to purchase Resident A a box spring for her bed so that it will assist her in getting out of the bed. Guardian A1 stated she feels Resident A's bed is too low to the ground and is the reason for her constant falls.

On 11/07/2025, I completed an exit conference with Licensee Designee Stephanie Kennedy- Kinney regarding the above allegations. Stephanie stated she is aware of these allegations and aware that it will be substantiated.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

