GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 8, 2026
Theodora Calvas
Kernway Assisted Living, Inc.
3118 Kernway Drive
Bloomfield Hills, MI 48304

RE: License #: AS630385198
Kernway Assisted Living of Bloomfield
3118 Kernway Drive
Bloomfield Hills, MI 48304

Dear Mrs. Calvas:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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 (248) 972-9136.

Sincerely,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Blvd
2nd Floor, Annex, Suite 2-730
Detroit, MI 48202
Phone: 248-310-5388
Fax: 517-763-0204

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

I. IDENTIFYING INFORMATION

License #:	AS630385198
Licensee Name:	Kernway Assisted Living, Inc.
Licensee Address:	3118 Kernway Drive Bloomfield Hills, MI 48304
Licensee Telephone #:	(248) 202-0057
Licensee/Licensee Designee:	Theodora Calvas
Administrator:	Theodora Calvas
Name of Facility:	Kernway Assisted Living of Bloomfield
Facility Address:	3118 Kernway Drive Bloomfield Hills, MI 48304
Facility Telephone #:	(248) 202-0057
Original Issuance Date:	01/19/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/08/26

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 3
No. of others interviewed Role:

- 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.
  It was not mealtime during the onsite.
- 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.
  A thermometer was not available.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
  LSR CAP Approved 07/11/24; 685(9), 685(10), 673(2), 689, 675(4)(c)645 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 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

On 07/07/26, Resident B was not given their Atenolol 100mg or Famotidine 20mg in the morning as both pills were observed inside the bubble packet during the onsite.

R 400.675 Resident medications.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

Resident C's insulin was observed in the refrigerator without it being in a locked cabinet.

R 400.675 Resident medications.

(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.

Resident A Tylenol expired on 03/29/26 but it was not disposed of. Resident B Hydrocortisone expired in December 2025, but it had not been properly disposed of.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(b) Date of admission.

Resident A and Resident B identification records did not include their date of admission.

A corrective action plan was requested and approved on 07/08/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

07/08/26

Sheena Worthy
Licensing Consultant

Date