GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 13, 2026

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

RE: Application #: AS820420690
Pardo II
34717 Pardo
Westland, MI 48185

Dear Stephanie Kennedy-Kinney:

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 4 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 (313) 456-0380.

Sincerely,

Regina Buchanan

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820420690
Licensee Name:	Saints Incorporated
Licensee Address:	2945 S. Wayne Road Wayne, MI 48184
Licensee Telephone #:	(734) 722-2221
Administrator/Licensee Designee:	Stephanie Kennedy-Kinney, Designee
Name of Facility:	Pardo II
Facility Address:	34717 Pardo Westland, MI 48185
Facility Telephone #:	(734) 722-2221
Application Date:	05/14/2026
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/14/2026	On-Line Enrollment
05/18/2026	PSOR on Address Completed
05/18/2026	Contact - Document Sent forms sent by email
06/04/2026	Contact - Document Received RI030 & MC
06/08/2026	Contact - Document Received 1326
06/30/2026	Application Incomplete Letter Sent
08/05/2026	Application Incomplete Letter Sent
08/10/2026	Comment Enrollment transfer to consultant
08/22/2026	Contact - Document Sent Sent an email to request documents that are missing or need to be updated.
08/22/2026	Application Incomplete Letter Sent Email sent
09/23/2026	Application Complete/On-site Needed
10/06/2026	Inspection Completed On-site
10/06/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Pardo II adult foster care facility is located in a residential area of Westland, MI. It is in a part of Westland that offers a convenient and diverse range of amenities with pharmacies such as CVS (5.7 miles away), Citizens Care Pharmacy (4.6 miles away) and Garden City Hospital (3.7 miles away). There are multiple dining options, including various restaurants like Culver's, Sonic, McDonald's, and Popeyes Louisiana Kitchen within miles of the facility. For recreational activities, parks like Jaycee and Central City Park, offer opportunities for outdoor relaxation and enjoyment.

The home is owned by Naomi Kennedy as confirmed by the lease agreement and the Wayne County Treasure website. Permission was granted from Naomi Kennedy for the home to operate as an Adult Foster Care facility and for Licensing and Regulatory Affairs to inspect the property.

The Pardo II adult foster care facility is a single-story structure with an attached garage and. The front door is the primary means of egress. The secondary means of egress is the door located at the rear of the home. It consists of a basement, three bedrooms, two full bathrooms, a living room, dining room, and a kitchen. The home does not have exits at grade or ramps located at two approved means of egress on the main floor. The home is not wheelchair accessible at this time and cannot accept residents who require the regular use of a wheelchair. The home utilizes public water and sewer. There is a driveway, as well as on-street parking.

The furnace and hot water heater are located in the facility's basement. There is a 1-3/4 inch metal 1 ½ hour fire rated door at the top of the stairs to create floor separation, equipped with an automatic self-closing device and positive-latching hardware. The residents do not access the basement unless they need to take cover for bad weather as there is not a second means of egress available in order for residents to use the basement on a regular basis. The furnace and water heater were inspected on 11/05/2025 by Supreme Air Systems LLC Heating and Cooling, and both were determined to be in good condition and functioning properly. The facility's washer and clothes dryer are located on the main floor. The dryer is electric.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was determined to be fully operational and in good condition. Smoke detectors are in all required areas. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 X 9.9 + 2.1 X 3.2	103	1
2	10 X 10.1 + 2.1 X 3.2	107	1
3	13.3 X 10.11	144	2

The living, dining, and sitting room areas measure a total of 350 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four** (4) 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **four** (**4**) female ambulatory adults whose diagnosis is developmentally disabled and physically handicapped in the least restrictive environment possible.

The facility's program is a long-term permanent placement alternative to institutionalization. The program is dedicated to providing people with disabilities with a quality life in a home setting within the community designed to provide long-term care as an alternative to institutionalization which fulfills their physical, social, vocational, and psychological needs. The applicant's program will also provide formulation and implementation of treatment plans and in-house and community recreational and leisure activities.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from Detroit Wayne Integrated Health Network, Community Mental Health agencies working with vulnerable/aged adults, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Saints Incorporated, which is a domestic Nonprofit Corporation that was established in Michigan on 10/30/1979. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 Saints Incorporated have submitted documentation appointing Stephanie Kennedy-Kinney as Licensee Designee for this facility and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Stephanie Kennedy-Kinney. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 09/23/2026.

The licensee designee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has several years of AFC experience and is the licensee designee of other licensed facilities. She has aided with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The licensee designee also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

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 facility's 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 qualifications, suitability, and training 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 employee's 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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 4).



10/09/2026
Regina Buchanan — Date
Licensing Consultant

Approved By:



10/13/2026
Ardra Hunter — Date
Area Manager