GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 9, 2026

Josephine Uwazurike
Kevdaco Human Services LLC
PO Box 4199
Southfield, MI 48037

RE: License #: AS820413531
KENYI 1
44744 Geddes Road
Canton, MI 48188

Dear Josephine Uwazurike:

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:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,



Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #:	AS820413531
Licensee Name:	Kevdaco Human Services LLC
Licensee Address:	Suite 200 23999 Northwestern Hwy Southfield, MI 48075
Licensee Telephone #:	(248) 722-5004
Licensee/Licensee Designee:	Josephine Uwazurike
Administrator:	Josephine Uwazurike
Name of Facility:	KENYI 1
Facility Address:	44744 Geddes Road Canton, MI 48188
Facility Telephone #:	(248) 722-5004
Original Issuance Date:	02/12/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/01/2026

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 0
No. of residents interviewed and/or observed 0
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  NO RESIDENTS ADMITTED DUE TO FIRE - FACILITY BEING REPAIRED.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
  NO RESIDENTS ADMITTED DUE TO FIRE - FACILITY BEING REPAIRED
- Resident funds and associated documents reviewed for at least one resident?
  Yes ☐ No ☒ If no, explain. NO RESIDENTS ADMITTED
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
  NO RESIDENTS ADMITTED
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  NO RESIDENTS ADMITTED
- Fire safety equipment and practices observed? Yes ☐ No ☐ If no, explain.
  NO RESIDENTS ADMITTED
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
  If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.
  NO RESIDENTS ADMITTED
- 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:

MCL 400.717 **Provisional license**

(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.

No residents admitted during 1st provisional license period (3/27/26 – 9/26/26), facility under repair/construction due to fire. Second provisional license recommended, unable to assess quality of care, no residents admitted.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Vanita Bouldin

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Vanita C. Bouldin Date: 10/09/2026
Licensing Consultant