



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 9, 2018

Kelsey Kennedy  
KnL Services LLC  
2209 Tamberlyn Dr  
Indian River, MI 49749

RE: Application #: AS160396035  
Kennedy Farms  
1031 Woiderski Rd  
Cheboygan, MI 49721

Dear Mr. Kennedy:

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 6 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS160396035
<b>Licensee Name:</b>	KnL Services LLC
<b>Licensee Address:</b>	8716 S River Rd Cheboygan, MI 40921
<b>Licensee Telephone #:</b>	(701) 641-6472
<b>Licensee Designee:</b>	Kelsey Kennedy
<b>Administrator:</b>	Lynn Kennedy
<b>Name of Facility:</b>	Kennedy Farms
<b>Facility Address:</b>	1031 Woiderski Rd Cheboygan, MI 49721
<b>Facility Telephone #:</b>	(231) 445-7059
<b>Application Date:</b>	08/28/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/28/2018	On-Line Enrollment
10/03/2018	Application Incomplete Letter Sent
10/22/2018	Inspection Report Requested - Health
10/25/2018	Inspection Completed On-site
11/05/2018	Inspection Completed-Env Health: A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a two-story home, with an attached garage, located within the city of Cheboygan. The main level of the facility consists of a living room, dining and living area, kitchen, laundry area, one resident bedroom, full bathroom, one non-resident bedroom and full bathroom. The second floor consists of three resident bedrooms, full bathroom, game room and a living area. The home is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

On 11/05/2018 the home was inspected by the Cheboygan County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9" x 7'5" 4' x 4'	105	1
2	12'8" x 11'7"	146	1
3	12'8" x 11'7" 5'2" x 2'3"	157	2
4	12'11" x 11'10"	152	2

The living, dining, and sitting room areas measure a total of 897 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate six 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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six male or female ambulatory adults who are diagnosed with a mental illness and/or developmental disability, in the least restrictive environment possible.

Programs for the developmentally disabled and mentally ill residents will include assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources, shopping centers, churches, restaurants, local parks and community events.

## **C. Applicant and Administrator Qualifications**

The applicant is KnL Services LLC is a "Domestic Limited Liability Company" and established in Michigan, on 11/09/2016. 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.

Kelsey Kennedy and Lynn Kennedy are the only members of KnL Services LLC. They submitted documentation appointing Kelsey Kennedy as Licensee Designee for this facility and Lynn Kennedy as the Administrator of the facility.

A criminal history background check was conducted for the Licensee Designee and Administrator. They have been determined to be of good moral character. The Licensee Designee and Administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. Staff will be allowed to sleep during sleeping hours.

The applicant acknowledges an understanding of the training suitability and qualification 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](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employees 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form 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 that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 temporary license to this adult foster care small group home (capacity 6).

*Marcia S. Elowsky*

11/09/2018

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

11/09/2018

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Jerry Hendrick  
Area Manager

Date