



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 27, 2021

Jennifer Kenyon  
Jennifer Kenyon And Terrell Kenyon  
P.O. Box 2398  
Taylor, MI 48180

RE: Application #: AF820406252  
**Rosebrook Family Home**  
**19499 Westbrook**  
**Detroit, MI 48219**

Dear Ms. Kenyon:

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 3 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,

A handwritten signature in dark ink, appearing to read "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF820406252
<b>Applicant Name:</b>	Jennifer Kenyon And Terrell Kenyon
<b>Applicant Address:</b>	19499 Westbrook Detroit, MI 48219
<b>Applicant Telephone #:</b>	(131) 328-2242
<b>Administrator/Licensee Designee:</b>	Jennifer Kenyon
<b>Name of Facility:</b>	Rosebrook Family Home
<b>Facility Address:</b>	19499 Westbrook Detroit, MI 48219
<b>Facility Telephone #:</b>	(313) 282-2422
<b>Application Date:</b>	10/20/2020
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

10/20/2020	Enrollment
10/28/2020	Application Incomplete Letter Sent afc 100, 1326,fps & RI030 for bth licensees
10/28/2020	Contact - Document Sent forms sent
11/18/2020	Contact - Document Received 1326, RI030, Fps for both licensees. AFC 100
12/28/2020	File Transferred To Field Office Detroit
01/12/2021	Application Incomplete Letter Sent
02/24/2021	Contact - Document Received Enrollment documents received.
02/25/2021	Contact - Document Received Record clearance documents received.
02/25/2021	Contact - Telephone call made Telephone call to applicant. Message left.
03/09/2021	Inspection Completed On-site
03/09/2021	Inspection Completed-BCAL Sub. Compliance
05/05/2021	Contact - Telephone call received Telephone call from applicant. Message left.
05/07/2021	Contact - Telephone call made Telephone call to applicant. Message left.

05/07/2021	Application Complete/On-site Needed
05/14/2021	Inspection Completed On-site
05/14/2021	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two-story asphalt siding home located in a residential neighborhood in the city of Detroit, in Wayne County. The facility has a paved driveway and on street parking for staff and visitor parking. The facility has a living room, dining room, three resident bedrooms, one full resident bathroom and a basement area that is not accessible to residents. The facility utilizes city water supply and sewer system. The facility is not wheelchair accessible.

The furnace and hot water heater are located in the basement of the facility. The laundry area is also located in the basement of the facility. Floor separation between the basement and the main level of the facility is created by a fire door located at the top of the stairway. The door is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with single station smoke detectors located in the sleeping areas and in the basement of the facility. Smoke detectors are located on each level of the facility.

Resident bedrooms and living areas were measured during the on-site and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	9'6" X 10'2"	96.61	1 Resident
Bedroom # 2	8'10" X 10'9"	94.92	1 Resident
Bedroom # 3	8'7" X 11'5"	97.98	1 Resident
Living Area	10'4" X 15'8"	161.76	

The living areas measure a total of 161.76 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 three (3) residents

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for three (3) male or female residents. The facility will accept high functioning developmentally disabled adults, medically managed mentally ill adults and aged adults. The facility will reinforce skills of daily living with the residents. The facility will provide the residents with the opportunity to participate in social and recreational activities in the home as well as making use of resources in the community.

## **C. Applicant and Responsible Person Qualifications**

The applicants are Jennifer and Terrell Kenyon. The responsible person is Janissa Smith. Criminal history background checks on the applicants and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicants and responsible person submitted statements from a physician documenting their good health and current negative TB test results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by projected income from caring for AFC residents along with outside employment.

The applicant acknowledged the requirement that the licensees of an adult foster care home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 3 residents will be the responsibility of the family home applicants. 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan

Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 acknowledged the 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 acknowledged the responsibility to maintain a current resident form on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 services 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 acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

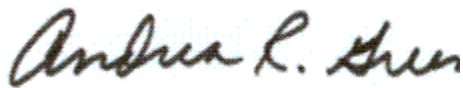
The applicant acknowledged that residents with mobility impairments may only reside on the main level of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home (capacity 3).



5/27/2021

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Andrea Green  
Licensing Consultant

Date

Approved By:



6/3/2021

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Ardra Hunter  
Area Manager

Date