



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2022

Victoria Kennedy  
Saints, Incorporated  
2945 S. Wayne Road  
Wayne, MI 48184

RE: License #: AS820067388  
**Cherryhill Manor**  
**26343 Simone**  
**Dearborn Heights, MI 48127**

Dear Mrs. Kennedy:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820067388

**Licensee Name:** Saints, Incorporated

**Licensee Address:** 2945 S. Wayne Road  
Wayne, MI 48184

**Licensee Telephone #:** (734) 722-2221

**Licensee/Licensee Designee:** Victoria Kennedy, Designee

**Administrator:** Stephanie Kennedy-Kinney

**Name of Facility:** Cherryhill Manor

**Facility Address:** 26343 Simone  
Dearborn Heights, MI 48127

**Facility Telephone #:** (313) 563-4340

**Original Issuance Date:** 10/25/1995

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/18/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 01  
No. of residents interviewed and/or observed 03  
No. of others interviewed 01 Role: Home Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, face-to-face contact was limited to mitigate risks.
- 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.
- 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.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
9/21/20: 401(2), 318(5), and 301(4) 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 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

The licensee has not signed off on the Resident Care Agreements; Service Coordinator, Vanessar Jackson signed these forms in lieu of Mrs. Kennedy or Mrs. Kennedy-Kinney.

**R 400.14315            Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Observed Resident Funds Part II forms do not specify the reason for some fund transactions. Specifically, monies from stimulus payments were withdrawn from resident accounts without the reason for transaction documented. The reason for transaction is written on the Funds II as "withdrawal" even when large amounts are involved, like \$1,000 and \$500. The Service Coordinator later forwarded receipts to the department to support cash purchases.

**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

The licensee did not assure fire drills were completed during DAYTIME hours in the 2<sup>nd</sup> quarter of 2021 or EVENING hours in the 4<sup>th</sup> quarter of 2021.

This is a **REPEAT VIOLATION**; See 2020 and 2018 Renewal licensing study reports. Mrs. Kennedy submitted an approved corrective action plan to the department on 9/21/20 and 10/3/18, but the plan has not been successfully implemented.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



08/23/22

---

Date

Licensing Consultant