



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 9, 2023

Kelsey Kennedy  
KnL Services LLC  
8716 South River Rd  
Cheboygan, MI 49721

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

Dear Mr. Kennedy:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS160396035
<b>Licensee Name:</b>	KnL Services LLC
<b>Licensee Address:</b>	8716 South River Rd Cheboygan, MI 49721
<b>Licensee Telephone #:</b>	(701) 641-6472
<b>Licensee/Licensee Designee:</b>	Kelsey Kennedy, Designee
<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>Original Issuance Date:</b>	11/09/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/08/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 02/08/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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: 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.



5/9/2023

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Adam Robarge  
Licensing Consultant

Date