



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 25, 2024

Kennedy Shannon  
Serenity House Residential Care Services LLC  
21838 Van K Drive  
Grosse Pointe Woods, MI 48236

RE: Application #: **AS630418438**  
**Serenity House - Myrick**  
**64 Myrick St**  
**White Lake, MI 48386**

Dear Ms. Shannon:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204  
[gonzalezs3@michigan.gov](mailto:gonzalezs3@michigan.gov)

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418438
<b>Licensee Name:</b>	Serenity House Residential Care Services LLC
<b>Licensee Address:</b>	21838 Van K Drive Grosse Pointe Woods, MI 48236
<b>Licensee Telephone #:</b>	(313) 587-0861
<b>Licensee Designee:</b>	Kennedy Shannon
<b>Administrator:</b>	Kennedy Shannon
<b>Name of Facility:</b>	Serenity House - Myrick
<b>Facility Address:</b>	64 Myrick St White Lake, MI 48386
<b>Facility Telephone #:</b>	(313) 587-0861
<b>Application Date:</b>	04/29/2024
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/29/2024	On-Line Enrollment
04/30/2024	PSOR on Address Completed
04/30/2024	Contact - Document Received 1326/RI-030
06/10/2024	Contact - Document Received Email exchange with applicant
06/14/2024	Application Incomplete Letter Sent Sent via email
06/28/2024	Contact - Document Received Application documents received via email
07/09/2024	Contact - Document Received Application documents received via email
07/19/2024	Contact - Document Sent Email exchange with applicant
07/27/2024	Contact - Document Received Application documents received via email
08/09/2024	Contact - Document Sent Reviewed documents sent; Emailed applicant of what items are still needed.
09/03/2024	Inspection Completed On-site
09/03/2024	Application Complete/On-site Needed
09/03/2024	Inspection Completed-BCAL Full Compliance
09/06/2024	Contact - Document Received Physical plant repair confirmation sent via email
09/11/2024	Contact - Document Received Physical plant repair confirmation sent via email

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch-style home with a basement, located within the city of White Lake, Michigan. The home consists of three resident bedrooms and two full-size bathrooms. Upon entering the home, there is spacious entry area. To the right of the entry area are the living room and kitchen areas. Past the living room two resident bedrooms and one full-size bathroom. Past the kitchen area is a hallway that leads to a third resident bedroom, one full-size bathroom and the door to the basement area. The home is not wheelchair accessible and does not have two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes a gas furnace and gas water heater system. The furnace and hot water heater are located in the basement of the home and are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 15'	150	1
2	12' x 10'	120	1
3	12' x 12'	144	1

**Total capacity: 3**

The indoor living and dining areas measure a total of 200 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 3 male and/or female residents who are mentally ill or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in

educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Serenity House Residential Care Services, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 03/24/2023. 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.

The members of Serenity House Residential Care Services, L.L.C. have submitted documentation appointing Kennedy Shannon as licensee designee and administrator of the facility.

Criminal history background checks of Ms. Shannon were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Shannon submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Shannon has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Shannon is currently the executive director of Eden Prairie Residential Care Services, overseeing the day-to-day operations of approximately 30 licensed adult foster care homes. Prior to moving into management positions, Ms. Shannon worked for four years as a direct care worker, providing adult foster care services to the residents, including supervision, personal care, and medication administration. Ms. Shannon is also a licensed practicing attorney within the State of Michigan. Ms. Shannon also provided documentation to confirm she has completed the required trainings.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff for 3 residents per shift. Ms. Shannon acknowledged that the staff to resident ratio may need to be decreased 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. Ms. Shannon has indicated that direct care staff will be awake during sleeping hours.

Ms. Shannon acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Shannon acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Shannon acknowledged 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.

Ms. Shannon acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Shannon 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.

Ms. Shannon acknowledged the 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 directly with residents. In addition, Ms. Shannon acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Shannon acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Shannon acknowledged the responsibility to obtain the required 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.

Ms. Shannon acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Ms. Shannon acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Shannon 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

service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by Ms. Shannon.

Ms. Shannon acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Shannon indicated the intent to respect and safeguard these resident rights.

Ms. Shannon acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Shannon acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Shannon acknowledged that residents with mobility impairments may only reside on the main floor 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 six-month temporary license to this adult foster care family home with a capacity of 3.



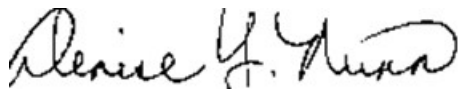
9/25/2024

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



09/25/2024

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Denise Y. Nunn  
Area Manager

Date