

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 4, 2024

Naomi Kennedy Kennedy's Care Enterprise Inc. 27509 Cherry Hill Rd. Inkster, MI 48141

> RE: License #: AS820247826 Romulus Home 9650 Tobine Romulus, MI 48174

Dear Ms. 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,

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Denasha Walker, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 300-9922

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

# I. IDENTIFYING INFORMATION

License #:	AS820247826	
Licensee Name:	Kennedy's Care Enterprise Inc.	
Licensee Address:	27509 Cherry Hill Rd. Inkster, MI 48141	
Licensee Telephone #:	(313) 274-0044	
Licensee/Licensee Designee:	Naomi Kennedy	
Administrator:	Naomi Kennedy	
Name of Facility:	Romulus Home	
Facility Address:	9650 Tobine Romulus, MI 48174	
Facility Telephone #:	(734) 942-9919	
Original Issuance Date:	07/19/2002	
Capacity:	5	
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL	

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	11/01/2	024	
Date of Bureau of Fire Services Inspection if applicable:				
Date	e of Health Authority Inspection if applicable:			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: area ma	nager	2 3	
•	Medication pass / simulated pass observed? A full worksheet inspection was completed. Medication(s) and medication record(s) revie			
•	Resident funds and associated documents reviewed for at least one resident? Yes $\square$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\square$ No $\square$ If no, explain.			
•	Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, example 1	oplain.		
•	Fire safety equipment and practices observe	d? Yes	🛛 No 🗌 If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes 🛛 No [	• ,		
•	Incident report follow-up? Yes 🛛 No 🗌 If ı	no, expla	ain.	
•	Corrective action plan compliance verified? N/A 🔀 Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, Resident A's resident file did not contain monthly weight records from 06/2023 through 12/2023.

### **IV. RECOMMENDATION**

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

4U2 11/04/2024

Denasha Walker Licensing Consultant Date