



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 20, 2025

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

RE: License #: AS820418043
Abney Group Home
34717 Pardo Street
Westland, MI 48185

Dear Ms. 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 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "L Stevens".

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

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

I. IDENTIFYING INFORMATION

License #: AS820418043

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, Designee

Administrator:

Name of Facility: Abney Group Home

Facility Address: 34717 Pardo Street
Westland, MI 48185

Facility Telephone #: (313) 274-0044

Original Issuance Date: 08/26/2024

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/19/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed N/A
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
A worksheet inspection was completed.
- 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.
A full worksheet inspection was completed.
- 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.
N/A
- 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

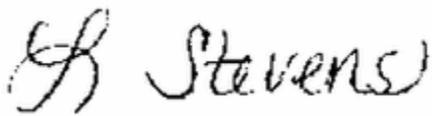
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



02/20/2025

LaKeitha Stevens
Licensing Consultant

Date