



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 29, 2026

Kimberly Nichols  
Joyner Home LLC  
PO Box 04030  
Detroit, MI 48204

RE: License #: AS820290866  
**Joyner Home II**  
**7429 East Robinwood Stree**  
**Detroit, MI 48234**

Dear Ms Nichols:

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 "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
3026 W Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820290866
<b>Licensee Name:</b>	Joyner Home LLC
<b>Licensee Address:</b>	PO Box 04030 Detroit, MI 48204
<b>Licensee Telephone #:</b>	(313) 570-6006
<b>Licensee/Licensee Designee:</b>	Kimberly Nichols
<b>Administrator:</b>	Kimberly Nichols
<b>Name of Facility:</b>	Joyner Home II
<b>Facility Address:</b>	7429 East Robinwood Street Detroit, MI 48234
<b>Facility Telephone #:</b>	(313) 891-6897
<b>Original Issuance Date:</b>	11/06/2007
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/28/2026

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 1  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Staff was preparing lunch and other staff was providing 1:1 care.
- 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 regular license to this AFC adult small group home (capacity 3-6).



05/29/2026

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Shatonla Daniel  
Licensing Consultant

Date