GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 23, 2026

Magen Duffy
Kindred Hearth Senior Living LLC
3617 High Grove Way
Lake Orion, MI 48360

RE: Application #: AS630420226
Kindred Hearth At Briarcliff Knoll
7251 N Briarcliff Knoll
West Bloomfield, MI 48322

Dear Ms. Duffy:

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 6 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) 972-9136.

Sincerely,

Sara E Shaughnessy

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 320-3721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630420226
Licensee Name:	Kindred Hearth Senior Living LLC
Licensee Address:	3617 High Grove Way Lake Orion, MI 48360
Licensee Telephone #:	(248) 514-4809
Administrator/Licensee Designee:	Magen Duffy
Name of Facility:	Kindred Hearth At Briarcliff Knoll
Facility Address:	7251 N Briarcliff Knoll West Bloomfield, MI 48322
Facility Telephone #:	(248) 514-4809
Application Date:	01/16/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

01/16/2026	On-Line Enrollment
01/20/2026	PSOR on Address Completed
01/20/2026	Inspection Report Requested - Health
01/20/2026	Contact - Document Sent
01/26/2026	Inspection Completed-Env. Health : A
02/09/2026	Contact - Telephone call received
02/26/2026	Contact - Document Received 1326/RI030.
02/26/2026	Comment FP sent to Ashley.
02/26/2026	File Transferred To Field Office
02/27/2026	Application Incomplete Letter Sent
06/04/2026	Contact - Document Received
06/04/2026	Application Complete/On-site Needed
06/11/2026	Inspection Completed On-site
06/11/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Kindred Heart at Briarcliff Knoll adult foster care facility is located in a residential neighborhood of West Bloomfield, Michigan. It is in a part of West Bloomfield that offers a convenient and diverse range of amenities with pharmacies such as CVS (3. miles away), and St. Joseph Mercy Hospital (9.7 miles away). There are multiple dining options, including various restaurants like The Great Greek Mediterranean Grill, McDonald's, Starbucks, and J. Alexander's within miles of the facility. For recreational activities, Rauch Park is directly across the street from the home and offers opportunities for outdoor relaxation and enjoyment. The home has a well-maintained backyard, complete with a patio where the applicant intends to place furniture for the residents to be able to relax outside.

The home is owned by 7251 Briarcliff Knoll Holdings, as confirmed by Oakland County Michigan Deeds. Permission was granted by Darrin Eaton, confirmed owner of 7251 Briarcliff Knoll Holdings LLC.

The Kindred Heart at Briarcliff Knoll adult foster care facility is a single-story structure with an attached garage. The front door is the primary means of egress. The secondary means of egress is the door to the right of the living room, that goes out through the garage. There is also a third means of egress, through the living room, in between the two hallways where the bedrooms are located. It consists of four bedrooms, three full bathrooms, a living room, dining room, and a kitchen. The home is wheelchair accessible and can accommodate residents who are wheelchair bound. The home utilizes municipal sewer and a community well for water, an inspection was completed by Oakland County Health Division with no findings or recommendations. There is a driveway, as well as on-street parking.

The furnace and hot water heater, in addition to the washer and dryer, are in the facility's kitchen. The furnace, hot water heater, washer, and dryer, are enclosed in a closet type space with 1-3/4 inch solid core doors equipped with automatic self-closing devices. The facility's clothes dryer is vented to the outside using permanent metal duct work. The hot water heater was inspected on 03/30/2026, by Thornton and Grooms, a new valve was needed and was replaced at that time, after which, everything was deemed to be working properly. The furnace was inspected on 03/26/2026, by Thornton and Grooms and was deemed to be working safely and properly.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was determined to be fully operational and in good condition. Smoke detectors are in all required areas. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15 x 17'9"	266.25	2
2	11'4" x 8'11"	101.6	1
3	10 x 13'7"	135.83	1
4	13'5' X 11'3'	150.94	2

The living room and dining room measure a total of 368.23 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male OR female adults whose diagnosis is developmentally disabled, mentally impaired, aged, or physically handicapped in the least restrictive environment possible.

The facility's program is designed to provide long term care as an alternative to institutionalization. For instances where a resident's goals are to live independently, they will support their desire and provide short term care with the goal of living independently.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Kindred Hearth Senior Living LLC, which is a domestic limited liability company, established 01/15/2026 and is in good standing. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 owner of Kindred Hearth Senior Living LLC has appointed Magen Duffy as the licensee designee and administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Magen Duffy. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 03/11/2026.

The licensee designee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She worked as an administrator for Home Care Solutions, a private, in-home health care agency from 2009-2016 and as an administrator of Essential Care Solutions from 2009-2016. Ms. Duffy worked as a staffing coordinator for Woodward Hills Health and Rehabilitation Center from 2016-2017 and as an admission clerk at Shelby Health and Rehabilitation Center from 2017-2019. Ms. Duffy is currently a medical office manager for Eleanor Medina, MD. Some of Ms. Duffy's duties from her previous positions include, assuring staffing requirements were met per industry guidelines, managing day-to-day operations of an in-home health agency, supporting director of nursing and assistant directors, coordinated referrals, facilitated admission documentation, and assisting nursing staff and administration in identifying staffing needs based on census and admissions. Ms. Duffy earned a bachelor's degree in advertising and communications. Ms. Duffy has submitted certificates of completion for AFC Fire Safety Rules, AFC Nutrition, AFC Reporting Requirements, MI Prevention Caregiver/Disability Fire Safety, Prevention and Containment of Communicable Diseases, Resident Rights and Provider Responsibilities, and The 6 Rights of Medication Administration.

Ms. Duffy has also submitted an application for special certification for developmentally disabled and mentally ill.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours (ensure this matches their program statement).

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant 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.

The applicant acknowledges their 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, the applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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.

The applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident’s funds and itemized transactions including payment for services. The applicant acknowledges this document 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6). Furthermore, I recommend the issuance of a temporary special certification for developmentally disabled and mentally ill for six months.

06/12/2026

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Sara Shaughnessy Date
Licensing Consultant

Approved By:

06/15/2026

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Ardra Hunter Date
Area Manager