



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 30, 2026

Victoria Kennedy
Saints Incorporated
2945 S. Wayne Road
Wayne, MI 48184

RE: License #: AS820014638
Wabash Ais Home
39400 Wabash
Romulus, MI 48174

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 and special certification are renewed. They are valid only at your present address and are non-transferable.

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 blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #:	AS820014638
Licensee Name:	Saints Incorporated
Licensee Address:	2945 S. Wayne Road Wayne, MI 48184
Licensee Telephone #:	(734) 722-2221
Licensee/Licensee Designee:	Victoria Kennedy Designee
Administrator:	Stephanie Kennedy-Kinney
Name of Facility:	Wabash Ais Home
Facility Address:	39400 Wabash Romulus, MI 48174
Facility Telephone #:	(734) 941-8608
Original Issuance Date:	06/18/1991
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed

3

No. of residents interviewed and/or observed

1

No. of others interviewed

Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
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 2-year regular adult foster care license.



Edith Richardson
Licensing Consultant

06/30/2026
Date