



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2026

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

RE: License #: AS820014665
Leslie Group Home
26743 Stanford
Inkster, MI 48141

Dear Ms. Reeves:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 that reads "K. Robinson".

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #:	AS820014665
Licensee Name:	Kennedy's Care Enterprise Inc.
Licensee Address:	27509 Cherry Hill Rd. Inkster, MI 48141
Licensee Telephone #:	(313) 274-0044
Licensee/Licensee Designee:	Roslyn Reeves
Administrator:	Naomi Kennedy
Name of Facility:	Leslie Group Home
Facility Address:	26743 Stanford Inkster, MI 48141
Facility Telephone #:	(313) 562-9384
Original Issuance Date:	01/23/1992
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 01
No. of residents interviewed and/or observed 00
No. of others interviewed 01 Role: Program Coordinator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
All residents gone to day programs.
- 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.
No residents were home.
- 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:
8/1/24: 315(11), 301(6)(b), 318(5), 205(5) 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 found to be in non-compliance with the following rules:

R 400.631

Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

Licensee failed to obtain a physician statement within 30 days of employment for direct care staff, Folashade Coates who was hired on 3/3/25.

A corrective action plan was requested and approved on 07/20/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/21/26

Kara Robinson
Licensing Consultant

Date