GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 26, 2026

Kennedy Shannon
Serenity House Residential Care Services LLC
21838 Van K Drive
Grosse Pointe Woods, MI 48236

RE: Application #: AS820420205
Serenity House Piedmont II
8506 Piedmont St
Detroit, MI 48228

Dear Ms. Shannon:

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 3 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 (313) 456-0380.

Sincerely,

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820420205
Applicant Name:	Serenity House Residential Care Services LLC
Applicant Address:	21838 Van K Drive Grosse Pointe Woods, MI 48236
Applicant Telephone #:	(313) 587-0861
Administrator/Licensee Designee:	Kennedy Shannon
Name of Facility:	Serenity House Piedmont II
Facility Address:	8506 Piedmont St Detroit, MI 48228
Facility Telephone #:	(313) 587-0861
Application Date:	01/12/2026
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/12/2026	Enrollment
01/12/2026	PSOR on Address Completed
01/12/2026	Contact - Document Received 1326/RI030
01/27/2026	Application Incomplete Letter Sent
06/03/2026	Application Complete/On-site Needed
06/04/2026	Inspection Completed On-site
06/04/2026	Inspection Completed-BCAL Sub. Compliance
06/04/2026	Application Incomplete Letter Sent
08/24/2026	Inspection Completed On-site
08/24/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential area in Detroit, Michigan. Nearby major roads are Joy Rd. and Van Buren. Corewell Health Hospital Dearborn is about six miles from the facility. There are multiple fast-food chains such as McDonald's and Little Ceasars Pizza within miles of the facility. For recreational activities, there is Tireman-Minock Park located near the facility. The facility has a driveway. There is also available parking in front of the facility. The facility uses both public water and sewage system.

The owner of the facility is Shannon Global Enterprise LLC. I verified ownership via the City of Detroit Municipality Website. The applicant submitted a copy of the lease as well as permission to occupy the facility and permission to the State of Michigan to inspect the facility for adult foster care purposes.

The facility is a single level home. The front door is the primary means of egress. The side door is the secondary means of egress. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The main floor consists of a living room, dining room, kitchen, a full bathroom, three resident bedrooms, and a hallway. There are two means of egress from the main floor.

The basement consists of a heating plant, washer and dryer, storage space, and a stairway. The basement will not be available for resident use.

The gas furnace and hot water heater, in addition to the washer and dryer are in the facility's basement. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and water heater were inspected on 05/29/2026 by JLH Heating and Air Conditioning. It was determined to be in good condition and functioning properly.

At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 05/27/2026 and determined to be fully operational and in good condition. Smoke detectors are in all sleeping areas, on each occupied floor, basement, living rooms, and similar spaces along with all areas that contain flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'3"X9'4"	95.63	1
2	10'1"X11'5"	115.11	1
3	9'10"X9'6"	93.39	1

The living, dining, and sitting room areas measure a total of 263.50 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 **three** (3) 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 **three** (**3**) male and female ambulatory adults whose diagnosis is developmentally disabled and/or mentally impaired in the least restrictive environment possible.

The goal of the program is to increase the person's daily living skills to his/her fullest potential and to provide opportunities that promote growth and development through activities that foster independence. The residents will be given choices for growth and development through at-home activities and in-the-community activities that promote and foster independence. Activities may include opportunities for involvement in education, employment, day programs, camps, parks, dinners, church activities, movies, crafts as well as friend and family member interaction. Residents will receive daily care, supervision and/or assistance with activities of daily living (bathing, dressing, toileting, eating, etc.), meals and snacks, medication administration and management, laundry and housekeeping services as well as transportation.

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 as referral sources.

The applicant shall provide or arrange transportation for residents.

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 Serenity House Residential Care Services LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 04/03/2023. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an established annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Serenity House Residential Care Services LLC have submitted documentation appointing Kennedy Shannon as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Shannon. Ms. Shannon submitted a medical clearance with a statement from a physician documenting Ms. Shannon's good health, dated 05/29/2026. Ms. Shannon also submitted verification that she has a baseline screening for communicable diseases and records of illness on hiring.

Ms. Shannon has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Shannon has several years of experience as a licensee designee and administrator of several licensed adult foster care facilities, with direct care experience serving individuals with mental illness and developmentally disabilities. Ms. Shannon has helped with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Ms. Shannon also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. Ms. Shannon acknowledged 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. Ms. Shannon has indicated that direct care staff will be awake during sleeping hours.

Ms. Shannon 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.

Ms. Shannon acknowledged 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.

Ms. Shannon 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.

Ms. Shannon acknowledged 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, Ms. Shannon 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.

Ms. Shannon acknowledged her 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, Ms. Shannon acknowledged her 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.

Ms. Shannon acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Shannon acknowledged her 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.

Ms. Shannon acknowledged her 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.

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

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

Ms. Shannon acknowledged 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. Ms. Shannon has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Shannon acknowledged her 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3).



08/25/2026

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DaShawnda Lindsey Date
Licensing Consultant

Approved By:



08/26/2026

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Ardra Hunter Date
Area Manager