



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 7, 2023

Mari Anna Shepherd
Abound Rehabilitation Service, INC.
1964 Leitch Street
Ferndale, MI 48098

RE: Application #: AS630416741
Abound Rehabilitation Services I
6355 Anslow Drive
Troy, MI 48098

Dear Ms. Shepherd:

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) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012
Fax: 517-763-0204
gonzalezs3@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630416741
Licensee Name:	Abound Rehabilitation Service, INC.
Licensee Address:	1964 Leitch Street Ferndale, MI 48098
Licensee Telephone #:	(714) 381-2287
Administrator/Licensee Designee:	Mari Anna Shepherd
Name of Facility:	Abound Rehabilitation Services
Facility Address:	6355 Anslow Drive Troy, MI 48098
Facility Telephone #:	(714) 381-2287
Application Date:	06/12/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/12/2023	On-Line Enrollment
06/16/2023	PSOR on Address Completed
06/16/2023	Contact - Document Sent forms sent
08/17/2023	Contact - Document Received ri030
08/23/2023	Contact - Document Received 1326/IRS
09/15/2023	Application Incomplete Letter Sent
09/29/2023	Contact - Document Received Application documents received via email
10/13/2023	Contact - Document Received Application documents received via email
10/26/2023	Inspection Completed On-site I conducted an onsite inspection at the facility and there were multiple things that needed to be fixed: Bedroom doors unable to close, bedrooms not fully furnished, home needs to be cleaned and decluttered. Will schedule a follow-up appt once repairs have been completed.
11/01/2023	Contact - Document Received
11/17/2023	Inspection Completed On-site Follow-up inspection completed. All repairs have been completed.
11/17/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located within the city of Troy, Michigan. The home is a single-story home with no basement. The home has four resident bedrooms, two full bathrooms, and one half-bathroom. Upon entering the home, the family room is to the right. Directly past the family room are the dining room and kitchen areas. To the right of the kitchen are the living room, laundry room and one full-size bathroom. To the left of the family room is a long hallway that leads to the four resident bedrooms and a second full-size bathroom. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The home utilizes gas for both the hot water heater and furnace, which are both located on the main floor of the home, within the laundry room area. The furnace and hot water heater are equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home, and near all 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	11' x 10'	110	1
2	11 x 15'	165	2
3	13' x 11'	143	2
4	11' x 12'	132	1

Total capacity: 6

The indoor living and dining areas measure a total of 385 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 (male and/or female) residents who are mentally ill or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment, and transportation. The

applicant intends to accept (referrals from Oakland County DHS, Oakland CMH, Veterans Administration, or residents with private sources for payment).

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools, library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is Abound Rehabilitation Service, Inc., a “Domestic Limited Liability Company”, established in Michigan on 5/19/2023. 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 members of Abound Rehabilitation Service, Inc have submitted documentation appointing Mari Anna Shepherd as licensee designee and administrator for this facility.

Criminal history background checks of Mrs. Shepherd were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Shepherd submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Mrs. Shepherd provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Shepherd has a bachelor’s degree of Science in Marketing. Ms. Shepherd has worked as direct care staff and operations manager for the last three years with the MI/DD population, including those struggling with addiction. Ms. Shepherd has also been working for Abound Rehabilitation Services, Inc. as a program director for the last three years, which includes overseeing the day-to-day operations of facilities that provide direct services to the adult foster care population. Ms. Shepherd also provided training documents to confirm that she is trained and certified in the areas of CPR/1st Aid, resident care and protection, as well as fire safety, nutrition and resident rights.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 2 staff for 6 residents per shift. Ms. Shepherd acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their

behavioral, physical, or medical needs. Ms. Shepherd has indicated that direct care staff will be awake during sleeping hours.

Ms. Shepherd 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. Shepherd acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Shepherd acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Shepherd acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Ms. Shepherd 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. Shepherd acknowledged the 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. Shepherd acknowledged the 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. Shepherd acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Shepherd acknowledge the responsibility to obtain the required 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. Shepherd acknowledged the 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. Shepherd acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Shepherd acknowledged that a separate *Resident Funds Part II BCAL-2319* form 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. Shepherd acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Shepherd indicated the intent to respect and safeguard these resident rights.

Ms. Shepherd acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Shepherd acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Shepherd acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

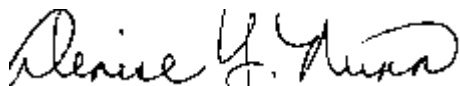


12/6/2023

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



12/07/2023

Denise Y. Nunn
Area Manager

Date