



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 21, 2025

CheKeela Walker
Abound Rehabilitation Service, INC.
1962 Leitch Road
Ferndale, MI 48220

RE: License #: AS630419680
Investigation #: 2025A0612028
Abound Rehabilitation Services - Aberdeen Home

Dear Ms. Walker:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan. If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419680
Investigation #:	2025A0612028
Complaint Receipt Date:	08/27/2025
Investigation Initiation Date:	08/27/2025
Report Due Date:	10/26/2025
Licensee Name:	Abound Rehabilitation Service, INC.
Licensee Address:	1962 Leitch Road Ferndale, MI 48220
Licensee Telephone #:	(248) 416-2768
Administrator:	CheKeela Walker
Licensee Designee:	CheKeela Walker
Name of Facility:	Abound Rehabilitation Services - Aberdeen Home
Facility Address:	28537 Aberdeen St. Southfield, MI 48076
Facility Telephone #:	(248) 997-7372
Original Issuance Date:	07/24/2025
License Status:	TEMPORARY
Effective Date:	07/24/2025
Expiration Date:	01/23/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Untrained staff have been dispensing medications.	Yes
The home is not being staffed in accordance with the residents 1:1 staffing needs.	Yes
Additional Findings	Yes

III. METHODOLOGY

08/27/2025	Special Investigation Intake 2025A0612028
08/27/2025	APS Referral An Adult Protective Services (APS) referral was not completed as there was no allegation of abuse or neglect.
08/27/2025	Special Investigation Initiated - Telephone Telephone interview completed with the reporting source.
08/27/2025	Referral - Recipient Rights Referral received from Oakland Community Health Network - Office of Recipient Rights.
09/03/2025	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed regional manager Jackie Brooks, home manager Nyosha Fowler, licensee designee CheKeela Walker, direct care staff Tia Dowdell, Resident A, Resident B, and Resident C.
09/03/2025	Contact - Document Received Facility documentation received via email from licensee designee CheKeela Walker.
09/10/2025	Contact - Telephone call made Telephone interviews completed with direct care staff Jamyren Dunham and Marlow French.
09/10/2025	Contact - Document Received Exclusion Notice received via email for direct care staff Carl Jackson.

09/24/2025	Contact - Telephone call made Telephone interview completed with direct care staff Santecia Dobbs.
09/24/2025	Contact - Document Received Email received from Recipient Rights Specialist Michele McCormick.
10/01/2025	Contact - Document Received Police Report received via email from Abound Rehabilitation Services human resources manager Amyra Burks.
10/17/2025	Exit Conference Telephone call with licensee designee CheKeela Walker to conduct an exit conference.
10/20/2025	Exit Conference Telephone call with licensee designee CheKeela Walker to conduct an exit conference.
10/22/2025	Exit Conference Telephone call with licensee designee CheKeela Walker to conduct an exit conference.
10/28/2025	Exit Conference Telephone call with licensee designee CheKeela Walker to conduct an exit conference to change recommendation to provisional.

ALLEGATION:

- **Untrained staff have been dispensing medications.**
- **The home is not being staffed in accordance with the residents 1:1 staffing needs.**

INVESTIGATION:

On 08/27/25, I received an intake that alleged the staff at this facility are not trained to administer medication. I then received a subsequent referral from Oakland Community Health Network – Office of Recipient Rights that indicated untrained staff have been dispensing medications and the home is not being staffed in accordance with the residents 1:1 staffing needs. The assigned Recipient Rights Specialist is Michele McCormick. On 08/27/25, I initiated my investigation with a telephone call to the initial reporting source.

On 08/27/25, I interviewed the reporting source (RS) via telephone. RS stated she was the home manager at this facility that recently opened. The facility received its first resident on 08/08/2025. The facility now has three residents who moved into the home on various dates. RS stated as a new home manager, she was initially informed that all the staff that would be working in the home were trained, including medication trained, which means they are able to dispense medications. However, at one point during the month of August, RS was informed that some of the staff were not medication trained. That meant, she would need to go to the home and dispense medications if there was not a medication trained staff on shift. RS stated that she was never provided with documentation or informed of which staff were medication trained. RS stated untrained staff may have passed medications because she was unaware of who was trained and therefore may not have had a medication trained staff on each shift. RS stated that she went to the home on many occasions to pass medications.

RS stated that she was suspended from her home manager duties on 08/18/25. Abound Rehabilitation Services indicated that they were looking into whether her timecard was accurate regarding when she worked at the home. RS stated she resigned from her employment on 08/26/25. RS stated she resigned because she felt she was "being set up." She stated that she worked a lot of "overtime", and they would not pay her. RS further stated that the home never had all the documentation they were supposed to have. She indicated that they would most likely blame the lack of documentation on her. When asked what documentation she was referring to, she stated that that staff records and timecards would be missing.

On 09/03/25, I completed an unscheduled onsite investigation. I interviewed regional manager Jackie Brooks, home manager Nyosha Fowler, licensee designee CheKeela Walker, direct care staff Tia Dowdell, Resident A, Resident B, and Resident C. During the onsite inspection I observed home manager Nyosha Fowler complete a medication pass to Resident A. Ms. Fowler observed the five rights of medication and completed the medication pass appropriately. At the time of the onsite investigation there were three staff on shift home manager Nyosha Fowler, direct care staff Tia Dowdell and direct care staff Jahwahrah Johnson. While onsite, I reviewed Resident A, Resident B, and Resident C's Individual Plan of service Resident A requires 1:1 staffing for 16 hours a day. Resident B requires 1:1 staffing 24 hours a day and Resident C does not require 1:1 staff.

On 09/03/25, I interviewed regional manager Jackie Brooks and home manager Nyosha Fowler together. Ms. Brooks and Ms. Fowler consistently stated the home obtained its first resident on August 8, 2025. At that time Kiaerra Jackson-Anderson was the home manager. It was believed that Ms. Jackson- Anderson was trained and suitable for this position; however, it was later determined that was inaccurate. Ms. Jackson- Anderson left the company. Following this change, Ms. Fowler has been assigned as the home manager. Ms. Fowler started in this role on 08/27/25. Ms. Brooks and Ms. Fowler stated the home has three residents. Resident A receives 1:1 staffing for 16 hours a day. This is staffed 8:00 am – 4:00 pm and 4:00 pm – 12:00 am. Resident B receives 1:1 staffing

24 hours a day. Resident C does not require 1:1 staff. The home has three staff on the day shift, three staff on the afternoon shift, and two staff on the midnight shift. Ms. Brooks and Ms. Fowler consistently stated that all staff who administer medications are trained.

On 09/03/25, I interviewed licensee designee CheKeela Walker. Ms. Walker stated upon the termination of the previous home manager, Kiaerra Jackson-Anderson, it was found that employee files and resident files (person-centered plan, medication administration record, etc.) went missing. Abound had to recreate the books. However, the medication administration record for each resident for the month of August 2025 is gone. Ms. Walker stated the company completed an internal investigation and filed a police report regarding the items that were missing. Ms. Walker stated that there is always adequate staff scheduled to ensure the appropriate level of staff in the home.

On 09/03/25, I interviewed Resident A. Resident A was well groomed. Resident A stated he has 1:1 staffing. His 1:1 staff is always present. Resident A stated he gets along well with the staff at the home and his housemates. Resident A stated his medications are administered to him as prescribed. Resident A stated he has no issues or concerns with the care that he is receiving.

On 09/03/25, I interviewed Resident B. Resident B was well groomed. She stated that she moved into the home in August 2025, and things are going well. Resident B stated she likes living here and reports no issues with the staff and/or her housemates. Resident B stated her medications are administered to her as prescribed and her 1:1 staff is always with her.

On 09/03/25, I interviewed Resident C. Resident C stated he has no issues or concerns with living in this home. Resident C stated his medications are administered as prescribed, he has adequate food, and the staff treat him well.

On 09/03/25, I interviewed direct care staff Tia Dowdell. Ms. Dowdell started her employment on August 23, 2025, and she works on all shifts. Ms. Dowdell stated Resident A and Resident B receive 1:1 staffing, a staff is always scheduled to fulfill this requirement. Ms. Dowdell stated she does not pass medications because she is not trained. To her knowledge, the staff who pass medications are trained to do so.

On 09/10/25, I interviewed direct care staff Jamyren Dunham via telephone. Ms. Dunham stated she started her employment at the Aberdeen home on 08/08/25. Ms. Dunham stated she has never administered medication to any resident as she has not completed medication training. Ms. Dunham is scheduled for training on 10/23/25. Ms. Dunham stated when she began her employment previous home manager, Kiaerra Jackson-Anderson, was barely at the home and when she was there, she seemed frustrated and overwhelmed. Ms. Dunham stated the home was adequately staffed, Resident B was the only resident who lived in the home at the time she worked there.

On 09/10/25, I interviewed direct care staff Marlow French via telephone. Ms. French started at the Aberdeen home on 08/10/25, Resident A and Resident B lived in the home at that time. Ms. French stated she is not trained to administer medication. On 08/13/25, she worked 8:00 am – 11:00 am, previous home manager Kiaerra Jackson-Anderson, asked her to pass Resident B's morning medication. Ms. French stated she passed the medication and signed Resident B's Medication Administration Record despite not being medication trained. Ms. French stated on her day off she was informed by Ms. Jackson – Anderson that she had been terminated and therefore, she has not since worked at the Aberdeen home. Ms. French stated the home provided sufficient staffing to meet the residents 1:1 requirement.

On 09/24/25, I interviewed direct care staff Santecia Dobbs via telephone. Ms. Dobbs stated when the previous home manager, Kiaerra Jackson-Anderson started in her position she was assigned to assist her and help her get acclimated to her new role. Ms. Dobbs stated one weekend (date unknown) while she was on shift with direct care staff Tia Dowdell, Ms. Dowdell was administering medication. Ms. Dobbs did not feel comfortable with the way Ms. Dowdell was administering the medication. Ms. Dobbs asked Ms. Dowdell if she was medication trained, and she said no. Ms. Dobbs addressed this issue with Ms. Jackson-Anderson. Ms. Jackson-Anderson said Ms. Dobbs should not have been administering medication, but she asked her to because she was unable to make it in for her scheduled shift. Ms. Dobbs stated the following weekend (date unknown), she worked with direct care staff Marlow French. Ms. French informed her that Ms. Jackson – Anderson told her to administer medication. Ms. French is not medication trained; however, she administered the medication and signed the resident's Medication Administration Record. Ms. Dobbs stated she addressed this issue with Ms. Jackson – Anderson and as such, Ms. Jackson – Anderson no longer wanted her assistance at the home. Ms. Dobbs stated she is not trained to administer medication, and she has not administered medication to any resident.

Regarding staffing in the home, Ms. Dobbs stated there were times that she was scheduled to work with Ms. Jackson- Anderson, but she did not show up for the scheduled shift leaving Ms. Dobbs alone with Resident A and Resident B, which is insufficient staffing as they both require a 1:1 staff. Ms. Dobbs stated when Ms. Jackson- Anderson ended her employment she took a lot of the facilities paperwork including the residents Medication Administration Records, registration sheets, resident records, and the company laptop.

On 09/24/25, I received an email from Recipient Rights Specialist Michele McCormick. Ms. McCormick stated on 08/27/25, she interviewed licensee designee CheKeela Walker via telephone. In summary, Ms. Walker indicated that all Abound Rehabilitation Services staff are "trained" prior to being placed in homes. Staff receive training through a State of Michigan approved training program (Detroit Wayne Integrated Health Network or Oakland Community Health Network). In addition, there is training provided by Abound. Ms. Walker indicated that if a staff had not completed medication training that staff would not dispense medications. She remarked that the previous home

manager Ms. Jackson- Anderson would have been updated regarding the training status of all staff working in the Aberdeen Home. If there was a staff that was not medication trained, it would have been Ms. Jackson- Anderson responsibility to make sure that a medication trained staff was working with the untrained staff, or Ms. Jackson- Anderson would have needed to go the home to dispense the medications. Ms. Walker remarked that upon Ms. Jackson- Anderson suspension and subsequent resignation, resident files (person centered plan, medication administration record, etc.) went missing. Abound had to recreate the books. However, the medication administration record for each individual for the month of August 2025 was gone. Regarding staffing Ms. Walker indicated that there were available staff to ensure that the appropriate level of staff was scheduled in the home. Ms. Walker stated that ensuring that the level of staffing is accurate to meet the requirements documented in the Person-Centered Plans is the responsibility of the home manager. Ms. Walker revealed that she had no knowledge of any problems that Ms. Jackson- Anderson may have had. She never voiced any concerns to Ms. Walker.

On 09/24/25, I received an email from Recipient Rights Specialist Michele McCormick. Ms. McCormick stated on 09/11/25, she interviewed Abound Rehabilitation Services human resources manager Amyra Burks via telephone. In summary, Ms. Burks indicated that she is new to the position and had not begun working for the agency when the Aberdeen Home first opened in early August 2025. Ms. Burks stated that based on information she has obtained since the beginning of her employment, staff who work in the homes are onboarded and training documents obtained. If there is a staff not fully trained, such as not having completed medication training, those staff would not be able to dispense medications in the home until they have completed a course of medication training. Ms. Burks confirmed that upon Ms. Jackson- Anderson's resignation from employment, a number of documents from the home went missing. Therefore, the agency had to obtain new copies of many documents. Ms. Burks confirmed that the Medication Administration Records for the residents for the month of August 2025 were missing. Ms. Burks indicated that Ms. Jackson- Anderson would have been informed of the training status of each of the staff of the home. It would have been Ms. Jackson- Anderson's responsibility to complete the schedule for the home that ensured that only trained staff were passing medications, and that the home was staffed in accordance with the supervision levels required by each resident's person-centered plans. Ms. Burks was not aware of any instances in which an untrained staff dispensed medications, or instances in which the home was not sufficiently staffed.

On 09/24/25, I received an email from Recipient Rights Specialist Michele McCormick. Ms. McCormick stated on 09/10/25, she interviewed direct care staff Luster Johnson via telephone. In summary, Mr. Johnson indicated that he was hired and began working at the home on 08/05/25. He indicated that there was a shift that he worked alone on 08/19/25, as Ms. Jackson- Anderson had been working with him but then left the shift. He also revealed that on one occasion, there was no one to dispense medications. The regional manager Ms. Brooks came to the home and dispensed the medications. Mr. Johnson stated he had never been asked to dispense medications without having been

trained. Regarding staffing, Mr. Johnson indicated staffing was always sufficient to meet the residents 1:1 requirements.

On 09/24/25, I received an email from Recipient Rights Specialist Michele McCormick. Ms. McCormick stated on 09/10/25, she interviewed direct care staff Jacqueline Marcias via telephone. In summary, Ms. Marcias stated that she started working at the Aberdeen Home on 08/08/25. She remarked that she did not typically work with Ms. Jackson-Anderson as she worked the midnight shift. However, there were two occasions (dates unknown) when Ms. Jackson- Anderson indicated she would be coming to the home but never showed up. Ms. Marcias stated that she is a certified nursing assistant and has therefore had prior training. She indicated that she completed the training offered by Detroit Wayne Integrated Health Network (DWIN). However, she had not yet completed the medication training module with Oakland Community Health Network (OCHN), as there was a wait to get into the training. Ms. Marcias stated she therefore does not dispense medications. She had never been asked by anyone within the agency to dispense medications, nor did she have any knowledge of any other staff not medication trained, having dispensed medications. Ms. Marcia remarked to her knowledge, Ms. Jackson- Anderson, or a home manager from a different home would come in and dispense medications. Ms. Marcias stated that staffing, including 1:1 staffing, has always been provided to the residents.

On 09/24/25, I received an email from Recipient Rights Specialist Michele McCormick. Ms. McCormick stated on 09/12/25, she interviewed direct care staff Santiya Halthon via telephone. In summary, Ms. Halthon indicated that she received all her training through DWIN. However, DWIN does not provide medication training, and therefore she is not medication trained. She revealed that she is scheduled for medication training through OCHN. There was a wait list for the training, so she had not completed the training at the time she was interviewed. Ms. Halthon stated that she has never dispensed medications to residents of the Aberdeen Home. She remarked that she was never asked to dispense medications, as Ms. Jackson - Anderson was aware that she was not medication trained. Ms. Halthon remarked that she had no knowledge of any untrained staff dispensing medications or being asked to dispense medications. Ms. Halthon stated that Ms. Jackson - Anderson would dispense the medications when she was on shift. If Ms. Jackson - Anderson was not working the shift, she still came in to dispense the medications. Ms. Halthon expressed knowledge of each resident having 1:1 staffing. Ms. Halthon remarked that during the shifts that she worked in August 2025, staffing levels were always in accordance with the 1:1 staffing requirements in each residents Person Centered Plan.

On 09/03/25, licensee designee CheKeela Walker provided facility documentation via email. I reviewed an internal investigative conclusion report regarding previous home manager, Kiaerra Jackson-Anderson. In summary, the allegations include suspected breach of recipient rights, theft of company property, and concerns regarding falsified or unworked hours being submitted for payroll (time theft). There were missing items from the home that totaled over \$1,000, so a police report was filed with the city of Southfield, Michigan. The investigation report indicates on Monday, August 25, 2025, employee

Kiaerra Jackson-Anderson voluntarily resigned from her position after being notified of the investigation. The following allegations were substantiated: Failure to Perform Scheduled Duties / Time Discrepancies, and Mismanagement of Consumer Funds. As a result, on 08/25/25, Ms. Jackson-Anderson was terminated, and a law enforcement referral was made. The investigation notes that evidence indicated discrepancies between scheduled hours and payroll submissions, suggesting time theft. Several staff members reported receiving little to no training, while one staff member documented being instructed by Ms. Jackson-Anderson to administer medications without signing the log, which violates state regulations and consumer rights. Further, a consumer's guardian provided proof of \$100 in funds sent to Ms. Jackson-Anderson, of which only \$6 was received by the consumer, leaving \$94 unaccounted for. In addition, Ms. Jackson-Anderson's conduct contributed to a hostile work environment, including informing a consumer of her resignation, which caused distress. Finally, company property, emergency supplies, and consumer and employee files were found missing during her tenure, raising further suspicion of misappropriation.

Licensee designee CheKeela Walker provided all evidence used to support the substantiation of the internal investigation including direct care staff ADP records, proof of text messages sent/received, cash app receipts, Ms. Jackson-Anderson notice of suspension and termination, medication administration records, associated incident reports, written statements from various direct care staff, fire drills, e-scores, staff training records, and the staff schedule. On 10/01/25, I reviewed a copy of the police report sent via email from Abound Rehabilitation Services human resources manager Amyra Burks. The police report consistently documents the findings noted in the internal investigation.

I reviewed training records for all direct care staff. There was no proof of medication administration training for the following staff: Luster Johnson, Tia Dowdell, Jerreece Bridges, Santiya Halthon, Jahwahrah Johnson Jacqueline Macias, Jamyren Dunham, Carl Jackson and/or Kiaerra Jackson-Anderson. Nyosha Fowler and Santecia Dobbs are the only direct care staff with proof of medication training.

I reviewed the Aberdeen Home staff schedule dated 08/09/25 - 09/05/25. I also reviewed a written statement completed by home manager Nyosha Fowler that indicated although staff schedules were requested, they were unable to be provided because there were no written or digital schedules available when she assumed the home manager role. In response to the request for staff schedules Ms. Fowler took the initiative to recreate the schedules using ADP timesheets, punch card data, and consulting with staff.

I reviewed written statements completed by several direct care staff. In a written statement dated 08/27/25, direct care staff Jerreece Bridges in summary stated, her first day of employment was on 08/24/25. On 08/25/25, she arrived at work at 4:00 pm and worked alone for 3 hours. Previous home manager Kiaerra Jackson-Anderson said she was on the way but never showed up. When it was time to pass medication Ms. Jackson- Anderson advised Ms. Bridges to pass the medication, but to not sign the

Medication Administration Record, indicating that she would sign it, but she never arrived.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>Based upon the information gathered during this investigation there is sufficient information to conclude that the facility did not provide sufficient staffing at all times to meet the supervision, personal care, and protection of residents specified in their assessment plans. Per Resident A, Resident B, and Resident C's Individual Plans of Service Resident A requires 1:1 staffing for 16 hours a day. Resident B requires 1:1 staffing 24 hours a day, and Resident C does not require 1:1 staff.</p> <p>Abound Rehabilitation Service was unable to provide a staff schedule which would specify which direct care staff were on duty. In a written statement completed by home manager Nyosha Fowler she indicated when she assumed her role as the home manager there were no written or digital schedules available. Ms. Fowler took the initiative to recreate the schedules using ADP timesheets, punch card data, and consulting with staff.</p> <p>Resident A and Resident B stated their 1:1 staff is always present. However, direct care staff Santecia Dobbs stated there were times that she was scheduled to work with Ms. Jackson-Anderson, but she did not show up for the scheduled shift leaving Ms. Dobbs alone with Resident A and Resident B, which is insufficient staffing as both residents require a 1:1 staff. Direct care staff Luster Johnson stated on 08/19/25 he worked alone as Ms. Jackson- Anderson had been working with him but then she left the shift. Per a written statement completed by direct care staff Jereece Bridges on 08/25/25, she arrived at work at 4:00 pm and worked alone for 3 hours. Previous home manager Kiaerra Jackson-Anderson said she was on the way but never showed up.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(a) Be trained in the proper handling and administration of medication.</p>
ANALYSIS:	<p>Based upon the information gathered during this investigation there is sufficient information to conclude that untrained direct care staff were administering medication.</p> <p>The RS stated untrained staff may have passed medications because the RS was unaware of which staff were trained and therefore may not have had a trained staff on each shift. Due to the residents' Medication Administration Records for August 2025, being removed from the home/ missing there is no record of which staff administered medications.</p> <p>However, direct care staff Marlow French stated she is not trained to administer medication. On 08/13/25, she worked 8:00 am – 11:00 am, previous home manager Kiaerra Jackson-Anderson, asked her to pass Resident B's morning medication. Ms. French stated she passed the medication and signed Resident B's Medication Administration Record despite not being medication trained.</p> <p>Additionally, although direct care staff Tia Dowdell denied administering medication while untrained, direct care staff Santecia Dobbs stated on an unknown date she observed Ms. Dowdell administering medication to residents. Ms. Dowdell is not medication trained.</p> <p>Lastly, per a written statement completed by direct care staff Jereece Bridges on 08/25/25, Ms. Jackson- Anderson advised Ms. Bridges to pass medication, but to not sign the Medication Administration Record.</p> <p>It was consistently reported that previous home manager Kiaerra Jackson-Anderson administered medication on several occasions however, proof of Ms. Jackson- Anderson medication training was not available for review as it was reported that her employee file was removed from the home.</p>

CONCLUSION:	VIOLATION ESTABLISHED
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ADDITIONAL FINDINGS:

INVESTIGATION:

On 09/10/25, I conducted a search on the LARA Workforce Background Check website and determined the following direct care staff do not have completed background checks affiliated with the Aberdeen home: Luster Johnson, Santiya Halthon, Nyosha Fowler, Jahwahrah Johnson, and Santecia Dobbs.

On 09/10/25, I received an exclusionary notice that indicates direct care staff Carl Johnson is not eligible to work in a job that involves direct access or provides direct services to a patient or resident in a nursing home, county medical care facility, hospice, hospital that provides swing bed services, inpatient psychiatric hospital or unit, certified home health agency, home for the aged or adult foster care before: 10/28/2025.

Per the Aberdeen staff schedule all the aforementioned staff have worked in the Aberdeen home starting in August 2025.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint

	<p>identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
ANALYSIS:	<p>Based upon the LARA Workforce Background Check website there is sufficient information to conclude that there is no background checks affiliated with Aberdeen home of file for the following direct care staff: Luster Johnson, Santiya Halthon, Nyosha Fowler, Jahwahrah Johnson and Santecia Dobbs. Furthermore, direct care staff Carl Johnson is not eligible to work in an Adult Foster Care Facility. Per the Aberdeen staff schedule all the aforementioned direct care staff have worked in the Aberdeen home starting in August 2025.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that Resident A, Resident B, and Resident C did not have a health care appraisal on file.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the

	appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Based upon my observation on 09/03/25, there is sufficient information to conclude that Resident A, Resident B, and Resident C did not have a health care appraisal on file.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that Resident B and Resident C's assessment plan was not signed by the licensee designee, CheKeela Walker.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Based upon my observation on 09/03/25, there is sufficient information to conclude that Resident B and Resident C's assessment plan was not signed by the licensee designee, CheKeela Walker.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that Resident B's Resident Care agreement was not signed by the licensee designee, CheKeela Walker.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan;

	emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	Based upon my observation on 09/03/25, there is sufficient information to conclude that Resident B's Resident Care agreement was not signed by the licensee designee, CheKeela Walker.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that Resident A, Resident B, and Resident C did not have current up to date weight records on file. Their resident weight record forms were blank/incomplete and there were no weights recorded upon admission to the home for any resident.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	Based upon my observation on 09/03/25, there is sufficient information to conclude that Resident A, Resident B, and Resident C did not have current up to date weight records on file. Their resident weight record forms were blank/incomplete and there were no weights recorded upon admission to the home for any resident.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 09/03/25, licensee designee CheKeela Walker provided facility documentation via email. I reviewed an internal investigative conclusion report regarding previous home manager, Kiaerra Jackson-Anderson. In summary, the allegations include suspected breach of recipient rights, theft of company property, and concerns regarding falsified or unworked hours being submitted for payroll (time theft). The investigation report indicates Resident B's guardian provided proof of \$100 in funds sent to Ms. Jackson-

Anderson, of which only \$6 was received by Resident B, leaving \$94 unaccounted for. There were no accounting records or documentation to show the distribution of funds in accordance with House Manager training requirements. I reviewed the evidence that were provided by Licensee designee CheKeela Walker that were used to support the substantiation of the internal investigation including cash app receipts, incident reports, Resident B's Funds Part II form, and the police report.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
ANALYSIS:	Based upon the information gathered during this investigation there is sufficient information to conclude that previous home manager, Kiaerra Jackson-Anderson took money from Resident B. The cash app receipt shows proof that \$100 was sent from Resident B's guardian to Ms. Jackson – Anderson. There are no accounting records or documentation on file to show the distribution of funds. During the internal investigation Resident B reported only receiving \$6 leaving \$94 unaccounted for.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that Resident A, Resident B, and Resident C's Funds Part I forms were not completed in its entirety as Section B is incomplete/ left blank and the form was not signed by the licensee designee, CheKeela Walker.

Additionally, Resident A, Resident B, and Resident C's Funds Part II forms were incomplete and did not include a cost of care payment for August 2025. The forms are incomplete and do not include the resident's name, license number, facility name, type of account, etc.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization

	for a substitute form has been granted, in writing, by the department.
ANALYSIS:	<p>Based upon my observation on 09/03/25, there is sufficient information to conclude that Resident A, Resident B, and Resident C's Funds Part I forms were not completed in entirety as Section B is incomplete/ left blank and the form was not signed by the licensee designee, CheKeela Walker.</p> <p>Additionally, Resident A, Resident B, and Resident C's Funds Part II forms were incomplete and did not include a cost of care payment for August 2025. Moreover, the forms do not include the resident's name, license number, facility name, type of account, etc.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that Resident A, Resident B, and Resident C's Resident Information Identification forms are incomplete. There are several sections of the form that were incomplete/blank.

APPLICABLE RULE	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p>(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance. (viii) Funeral provisions and preferences.

	<p align="center">(ix) Resident's religious preference information.</p> <p align="center">(b) Date of admission.</p>
ANALYSIS:	Based upon my observation on 09/03/25, there is sufficient information to conclude that Resident A, Resident B, and Resident C's Resident Information Identification forms are incomplete. There are several sections on the form that were incomplete/blank.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the onsite inspection completed on 09/03/25, I observed that the wooden ramp leading off the sliding glass door in the kitchen onto the back deck is broken/not in good repair. The boards are broken/loose and the ramp is slanted to one side. It is important to note that this home is not wheelchair accessible, the residents are ambulatory, and a ramp is not mandatory at this egress. However, having a ramp that is not in good repair creates a safety risk.

On 10/17/25, I conducted an exit conference with licensee designee CheKeela Walker and reviewed my findings. Ms. Walker was advised that disciplinary action would be recommended. On 10/20/25, I received a telephone call from Ms. Walker explaining that all the violations have been corrected and the company has put systems in place to ensure these types of issues do not occur again. On 10/22/25, I placed a telephone call to Ms. Walker and informed her that revocation of the license is recommended. I advised that she would have the opportunity to attend a compliance conference. Ms. Walker acknowledged. On 10/27/25, Ms. Walker submitted a written response to the initial recommendation of revocation. It was determined that the recommendation would be changed from revocation to provisional. Contingent upon receipt of an acceptable corrective action plan, a provisional license is recommended. I placed a telephone call to Ms. Walker on 10/28/25 and advised her of the revised recommendation. Ms. Walker acknowledged and agreed.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based upon my observation on 09/03/25, there is sufficient information to conclude the wooden ramp leading off the sliding glass door onto the back deck is broken/not in good repair. The

	boards are broken/lose and the ramp is slanted to one side creating a safety risk.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

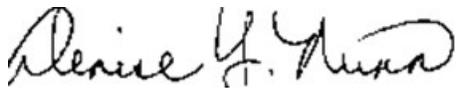


10/28/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



11/21/2025

Denise Y. Nunn
Area Manager

Date