



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 4, 2025

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

RE: License #: AS630418986
Abound Rehabilitation Services - Murray Crescent
29361 Murray Crescent Dr
Southfield, MI 48076

Dear Chekeela Walker:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee designee 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 within 15 days.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630418986
Licensee Name:	Abound Rehabilitation Service, INC.
Licensee Address:	1962 Leitch Road Ferndale, MI 48220
Licensee Telephone #:	(248) 416-2768
Licensee Designee:	CheKeela Walker
Administrator:	CheKeela Walker
Name of Facility:	Abound Rehabilitation Services - Murray Crescent
Facility Address:	29361 Murray Crescent Dr Southfield, MI 48076
Facility Telephone #:	(248) 232-6588
Original Issuance Date:	04/17/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed 3 Role: [REDACTED]

- 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.
Inspection did not occur during meal time
- 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:
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:

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.
	<p>(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 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>

At the time of the onsite inspection, direct care worker, Zeeland Shephard did not have verification that fingerprints were completed through the Workforce Background Check System for his employment at the Murray Crescent Home. Fingerprint results were obtained on 10/02/25.

I reviewed the staff schedule and employee roster from 09/27/25-10/03/25. Staff Jaela Brooks, Aaron Fondren, Jason Jordan, and Malika Murray did not have verification that fingerprints were completed through the Workforce Background Check System that were connected to the Murray Crescent home.

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.

Direct care worker, Zeeland Shephard, did not have a physical on file that was obtained within 30 days of employment (Hire date: 11/18/24; Physical dated: 08/09/23).

R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

During the onsite inspection, the employee files for Zeeland Shephard and Jasmine Smith did not have the required verification of reference checks.

R 400.645	Environmental health.
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

During the onsite inspection, the water temperature was measured at 135.5°F in the kitchen and 129.8°F in the bathroom.

R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

During the onsite inspection:

- The toilet paper holder in the bathroom was broken.
- The oven and microwave were dirty.
- The walls throughout the facility were scuffed and showing signs of excessive wear and tear.

R 400.675	Resident Medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

During the onsite inspection on 10/02/25, Resident B's October 2025 Medication Administration Record (MAR) was not initialed to indicate that medications were passed for the AM or PM medications on 10/01/25 or AM medications on 10/02/25. The licensee designee stated that the medications had not been delivered to the home due to an issue with the pharmacy and Resident B did not get his medications as prescribed. There was conflicting information provided by staff and the area manager as to whether or not Resident B received his medications on 10/01/25. The area manager stated that staff passed the medications and initialed the September 2025 MAR in error thinking that it was 09/31/25, even though there are only 30 days in September. Resident B's September 2025 MAR was not initialed for 09/31/25 and the MARs for the other residents in the home were all initialed on 10/01/25.

R 400.675	Resident Medications.
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

During the onsite inspection, there was medication (Abilify- injection) being stored in the refrigerator that was not in a locked box. The label instructions on the medication did not indicate that it required refrigeration.

R 400.675	Resident Medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <ul style="list-style-type: none"> (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

Resident A's September 2025 MAR was initialed daily from 09/01/25-09/04/25 for Vitamin D which is prescribed to be given once a week, indicating that staff were passing medications and initialing the MAR without completing their required checks.

Resident A's June, July, and August 2025 MARs and Resident B's August 2025 MAR were not available for review at the time of the onsite inspection. They were provided after the onsite inspection.

- Resident A's July 2025 MAR was not initialed for the once weekly (Thursday) dose of Vitamin D on 07/24/25 or 07/31/25.
- Resident A's August 2025 MAR was not initialed for any medications on 08/31/25.
- Resident B's October 2025 MAR was not initialed for AM or PM medications on 10/01/25 or AM medications on 10/02/25.
- Resident B's August 2025 MAR was not initialed for the 8:00pm dose of Cyclosporine 50mg or the 8:00am and 8:00pm dose of Eliquis 5mg on 08/30/25, or the 8:00pm dose of Paliperidone ER 6mg on 08/31/25.
- Resident B's August 2025 MAR was not initialed for the 8:00am dose of Lactulose 10gm/ml on 8/31/25 or the 2:00pm dose from 08/16/25-08/31/25.

R 400.675	Resident Medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(f) Contact the resident's licensed health care professional or the appropriately licensed health care professional who prescribed the medication when a medication error occurs.</p>

During the onsite inspection on 10/02/25, Resident B's October 2025 MAR was not initialed to indicate that medications were passed for the AM or PM medications on 10/01/25 or AM medications on 10/02/25. The licensee designee stated that the medications had not been delivered to the home due to an issue with the pharmacy. There was no documentation on file to show that the pharmacy was contacted regarding the medication not being delivered, or that a licensed health care professional was contacted regarding the missed doses.

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	<p>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</p>

Resident A and Resident B did not have a health care appraisal on file that was completed within the 90-day period before admission (Resident A's admission date: 06/20/25; health care appraisal dated: 09/08/25; Resident B's admission date: 08/08/25; health care appraisal dated: 09/9/25).

R 400.691	Resident records.
	<p>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</p> <p>(a) Personal information including all of the following:</p> <p>(i) Resident's full name.</p> <p>(ii) Social Security number.</p> <p>(iii) Date of birth.</p> <p>(iv) Marital status.</p>

	(v) Veteran's status. (vi) Gender identity. (vii) Former address. (viii) Name, address, and contact information of identified contact or designated representative. (ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility. (x) Funeral provisions, preferences, and contact information. (xi) Resident's religious preference.
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During the onsite inspection, Resident A did not have a Resident Information and Identification form on file that contained the required information. Resident B's Resident Information and Identification form was not fully completed and did not contain funeral provisions or religious preference.

R 400.691	Resident records.
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (g) Admission and monthly weight record.

During the onsite inspection there were no weight records on file for Resident B.

IV. RECOMMENDATION

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

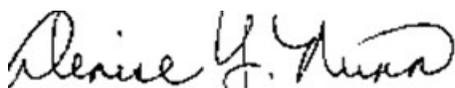


12/01/2025

Kristen Donnay
Licensing Consultant

Date

Approved By:



12/04/2025

Denise Y. Nunn
Area Manager

Date