



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 17, 2025

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

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

Dear Chekeela Walker:

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 "Kristen Donnay".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418986
Licensee Name:	Abound Rehabilitation Service, INC.
Licensee Address:	1962 Leitch Road Ferndale, MI 48220
Licensee Telephone #:	(714) 381-2287
Licensee Designee/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
Application Date:	11/14/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/14/2024	On-Line Enrollment
11/15/2024	PSOR on Address Completed
11/15/2024	Contact - Document Received 1326/RI030
12/26/2024	Application Incomplete Letter Sent
01/30/2025	Contact - Document Received Licensee designee qualifications- TB, physical
02/15/2025	Contact - Document Received Policies, procedures, proof of ownership/permission to inspect
03/18/2025	Contact - Document Received Updated RI-030- livescan fingerprints
04/07/2025	Inspection Completed On-site
04/07/2025	Inspection Completed-BCAL Full Compliance
04/08/2025	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Abound Rehabilitation Services - Murray Crescent is located in a residential area at 29361 Murray Crescent Dr., Southfield, MI 48076. The home is a ranch style home with an attached two car garage. The home has four bedrooms, two full bathrooms, one half bathroom, a kitchen, living room, dining room, great room, and office area. There is an additional full bathroom attached to bedroom #2.

Abound Rehabilitation Services - Murray Crescent is located less than five miles away from Corewell Health William Beaumont University Hospital- Royal Oak, which includes a 24/7 emergency department. The Southfield Police Department responds to emergency calls from the home.

The furnace and hot water heater are located in a furnace room in the basement. The furnace room is equipped with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The laundry room is also located in the basement. There is wood paneling and a drop ceiling in the basement, which have a fire rating of Class C or above. The facility is equipped with an interconnected smoke detection system, which is fully operational. The home has two fireplaces, which will not be used. The home has public water and sewer.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress equipped with non-locking against egress hardware. The home is not qualified for admission of residents who use a wheelchair, as it is not equipped with ramps at both means of egress.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	17.8 x 14.8	263.4	2
2	13 x 13	169	2
3	12 x 10.4	124.8	1
4	10.5 x 9.9	103.95	1

Total capacity: 6

The living room, dining room, and great room areas offer a total of over 1120 square feet of living space, which exceeds the required 35 square feet of living space per resident.

Based on the above information, it is concluded that this facility can accommodate six 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, and standard procedures for Abound Rehabilitation Services - Murray Crescent were reviewed and accepted as written. Abound Rehabilitation Services - Murray Crescent intends to provide 24-hour supervision, protection, and personal care for 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, as well as opportunities for involvement in educational or day programs, employment, and transportation. Abound Rehabilitation Services - Murray Crescent will provide assistance with activities of daily living including

dressings, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Abound Rehabilitation Services - Murray Crescent intends to obtain contracts with local community mental health (CMH) providers and will provide specialized adult foster care services. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions will be implemented only by staff trained in the intervention techniques.

Abound Rehabilitation Services - Murray Crescent will 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.

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

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.

Abound Rehabilitation Service, Inc., appointed Chekeela Walker as licensee designee and administrator for this facility. Chekeela Walker provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Chekeela Walker was previously approved and is currently acting as licensee designee and administrator of the licensed adult foster care small group homes, Abound Rehabilitation Services I (AS630416741) and Abound Rehabilitation Services-Lincoln Park (AS820415601). Chekeela Walker is a certified nurse aide and has over one year of experience working with the mentally ill and developmentally disabled populations in hospital and assisted living settings.

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

Ms. Walker 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. Walker acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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. Walker acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Ms. Walker 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. Walker 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. Walker acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Walker 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. Walker acknowledged 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. Walker 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. Walker acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Walker acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents’ personal money transactions that have been agreed to be managed by Abound Rehabilitation Service, Inc.

Ms. Walker 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Walker 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.

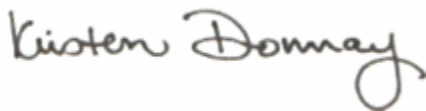
Ms. Walker acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care facility, Abound Rehabilitation Services - Murray Crescent, with a capacity of six residents.

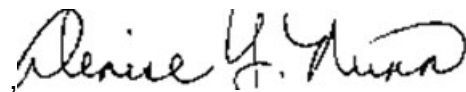


04/08/2025

Kristen Donnay
Licensing Consultant

Date

Approved By:



04/17/2025

Denise Y. Nunn
Area Manager

Date