



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 24, 2025

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

RE: Application #: AS630419680  
Abound Rehabilitation Services - Aberdeen Home  
28537 Aberdeen St  
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) 972-9136.

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**

|   |  |
|---|--|
| <b>License #:</b>                       | AS630419680                                    |
|   |  |
| <b>Applicant Name:</b>                  | Abound Rehabilitation Service, INC.            |
|   |  |
| <b>Applicant Address:</b>               | 1962 Leitch Road<br>Ferndale, MI 48220         |
|   |  |
| <b>Applicant Telephone #:</b>           | (248) 416-2768                                 |
|   |  |
| <b>Licensee Designee/Administrator:</b> | CheKeela Walker                                |
|   |  |
| <b>Name of Facility:</b>                | Abound Rehabilitation Services - Aberdeen Home |
|   |  |
| <b>Facility Address:</b>                | 28537 Aberdeen St<br>Southfield, MI 48076      |
|   |  |
| <b>Facility Telephone #:</b>            | (248) 997-7372                                 |
|   |  |
| <b>Application Date:</b>                | 06/11/2025                                     |
|   |  |
| <b>Capacity:</b>                        | 6  |
|   |  |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL       |

## II. METHODOLOGY

|            |   |
|------------|---|
| 06/11/2025 | Enrollment  |
| 06/11/2025 | Comment<br>It looks like the licensee may have submitted the wrong app.<br>Email was sent out to verify.  |
| 06/11/2025 | Contact - Telephone call made<br>Licensee confirmed that she wants it to be under Preserve<br>Independence Management, LLC dba Abound Rehabilitation<br>Services Lincoln Park, LLC and not under her name as the<br>licensee. A Corp. App has been emailed over to her. |
| 06/12/2025 | Contact - Document Received<br>Corp Application and Medical Clearance.  |
| 06/12/2025 | PSOR on Address Completed   |
| 06/12/2025 | Application Incomplete Letter Sent<br>IRS letter  |
| 06/12/2025 | Contact - Document Sent<br>Form sent.   |
| 06/13/2025 | Contact - Document Received<br>IRS letter.  |
| 06/13/2025 | File Transferred To Field Office  |
| 06/17/2025 | Application Incomplete Letter Sent  |
| 06/19/2025 | Contact - Document Received<br>Policies, procedures, physical/ TB   |
| 06/19/2025 | Contact - Document Received<br>Permission to inspect from owner   |
| 07/01/2025 | Contact - Document Received<br>Copy of lease and floor plan   |
| 07/18/2025 | Contact - Document Received<br>Copy of budget   |
| 07/18/2025 | Inspection Completed On-site  |
| 07/21/2025 | Contact - Document Received<br>Verification of class C materials for basement   |

|            |   |
|------------|---|
| 07/21/2025 | Inspection Completed-BCAL Full Compliance |
| 07/23/2025 | 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 - Aberdeen Home is located in a residential area at 28537 Aberdeen St., Southfield, MI 48076. The home is a ranch style home with an attached two car garage. The main floor of the home has four bedrooms, one full bathroom, a kitchen, living room, and dining room. There is an additional full bathroom attached to bedroom #3. The home has a finished basement with a kitchen, full bathroom, office space, laundry room, and furnace room. The basement will not be utilized for any resident activities.

Abound Rehabilitation Services - Aberdeen Home 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. There is a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs to the basement. The laundry room is also located in the basement. The finished basement has wood paneling, wall coverings, and a drop ceiling. The applicant provided an inspection from a licensed contractor showing that all materials are rated Class C or above. The facility is equipped with an interconnected smoke detection system, which is fully operational. 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. The front door of the home is equipped with non-locking against egress hardware. The second means of egress is the sliding glass door, which leads to the backyard. It is equipped with a latching/locking mechanism that is simple and easy to release. 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. There is a wheelchair lift in the garage, which was installed by the previous owner. The applicant agreed not to use the lift and will not admit residents who use wheelchairs into the home.

Resident bedrooms were measured and have the following dimensions:

| Bedroom # | Room Dimensions                | Total Sq. Footage | Total Resident Beds |
|-----------|--------------------------------|-------------------|---------------------|
| 1         | 12.6 x 10.8                    | 136.08            | 1                   |
| 2         | 12.3 x 9.8                     | 120.54            | 1                   |
| 3         | 14.5 x 13<br>(w/attached bath) | 188.5             | 2                   |
| 4         | 12 x 11.7                      | 140.4             | 2                   |

**Total capacity: 6**

The living room and dining room areas offer a total of over 418 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 - Aberdeen Home were reviewed and accepted as written. Abound Rehabilitation Services - Aberdeen Home intends to provide 24-hour supervision, protection, and personal care for 6 male 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 - Aberdeen Home will provide assistance with activities of daily living including dressing, bathing, personal hygiene, laundry, meal preparation, feeding, and medication administration. Abound Rehabilitation Services - Aberdeen Home 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 - Aberdeen Home 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 - Murray Crescent (AS630418986) 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 Cheekela 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](http://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.

### III. RECOMMENDATION

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



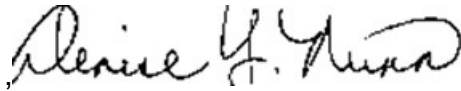
07/23/2025

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



07/24/2025

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Denise Y. Nunn  
Area Manager

Date