



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Kimberly Kemp
Woods Care
PO Box 1107
Wayne, MI 48184-4107

RE: License #: AS820313478
Beyond Boundaries
11274 Moore Street
Romulus, MI 48174

Dear Kimberly Kemp:

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script, appearing to read 'D Walker'.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AS820313478

Licensee Name: Woods Care

Licensee Address: 5706 Wayne Road
Wayne, MI 48184

Licensee Telephone #: (734) 444-9411

Licensee/Licensee Designee: Kimberly Kemp

Administrator: Kimberly Kemp

Name of Facility: Beyond Boundaries

Facility Address: 11274 Moore Street
Romulus, MI 48174

Facility Telephone #: (734) 444-9411

Original Issuance Date: 10/11/2011

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/15/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: licensee designee

- 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.
Meal preparation/service was not observed
- 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:
CAP Dated 04/12/2024 R400.14205 (5), R400.14205 (6), R400.14301 (10),
R400.14301 (4), R400.14310 (3), R400.14318 (5), R400.14401 (2),
R400.14403 (1). 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:

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, the fire drill dated 5/15/2024, did not contain the time the drill was conducted.

I observed several fire drill forms that were not thoroughly completed and did not include the length of time it took to evacuate the home.

REPEAT VIOLATION* LSR DATED 04/10/2024 CAP DATED 04/12/2024.

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.

At the time of inspection, direct care staff Laura Cross-Johnson employee file did not contain a statement signed by a licensed physician or physician's designee attesting to her physical health at the time of hire.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

At the time of inspection, direct care staff Laura Cross-Johnson employee file did not contain annual health review status for 2024 or 2025.

***REPEAT VIOLATION* LSR DATED 04/10/2024 CAP DATED 04/12/2024.**

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(e) Verification of experience, highest level of education completed, and training.

At the time of inspection, direct care staff Laura Cross-Johnson employee file did not contain verification of education.

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.

At the time of inspection, the hot water temperature throughout the home did not range between 105 to 120 degrees Fahrenheit at the faucet.

- Kitchen, 151.3 degrees Fahrenheit
- Bathroom 1, 127.6 degrees Fahrenheit
- Bathroom 2, 157.1 degrees Fahrenheit

***REPEAT VIOLATION* LSR DATED 04/10/2024 CAP DATED 04/12/2024.**

R 400.645 Environmental health.

(9) Hand-washing fixtures must be provided in both the kitchen and bathroom areas and include hot and cold water, soap, and individual towels.

At the time of inspection, the resident bathroom areas did not contain individual towels for resident use.

R 400.647 Safety and maintenance of premises.

(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

At the time of inspection, resident bathroom #2 was not equipped with a handrail in the shower and bath area.

R 400.647 Safety and maintenance of premises.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

At the time of inspection:

- The kitchen cabinet drawer was broken and not in good repair.
- The recliner chair in the sitting area was worn, leaning to one side and not in good repair.

R 400.661 Bedroom furnishings.

(1) Bedroom furnishings must include all of the following:
(e) Chair.

At the time of inspection, Resident A's bedroom was not furnished with a chair.

R 400.661 Bedroom furnishings.

(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.

At the time of inspection, 4 of 6 resident bedrooms were not furnished with an accessible mirror appropriate for grooming.

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.

At the time of inspection, Resident A's medication was not given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Medication: Levothyroxine 150mg tablet, take one tablet by mouth every morning except on Sundays; was administered on Sunday's during the following months 07/2025, 08/2025, 09/2025, 11/2025, 12/2025, 01/2026, 02/2026, 03/2026 and 04/05/2026 and 04/12/2026.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(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.

At the time of admission:

Resident A's resident file did not contain an annual 2025 health care appraisal.

Resident B's resident file did not contain a health care appraisal completed within the 90-day period before admission. Resident B was admitted on 10/01/2024; her physical was completed 07/24/2025.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection, Resident A and B's adult foster care assessment plans were not signed by the licensee in 2024, 2025 or 2026.

R 400.727

Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.

(4) Detectors must be tested and examined as recommended by the manufacturer.

At the time of inspection, the smoke detectors throughout the home were chirping. The smoke detection system was not tested and examined as recommended by the manufacturer.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/15/2026

Denasha Walker
Licensing Consultant

Date