



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 29, 2021

Janice Hurst  
Progressive Residential Services Inc  
6001 N. Adams Road, Suite #165  
Bloomfield Hills, MI 48304

RE: License #: AS500074105  
Romeo Home  
39880 Romeo Plank Rd  
Clinton Twp, MI 48038

Dear Mrs. Hurst:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Roeiah Epps-Ward".

Roeiah Epps-Ward, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-1776

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

**I. IDENTIFYING INFORMATION**

**License #:** AS500074105

**Licensee Name:** Progressive Residential Services Inc

**Licensee Address:** Suite # 165  
6001 N. Adams Road  
Bloomfield Hills, MI 48304

**Licensee Telephone #:** (248) 641-7200

**Licensee Designee:** Janice Hurst

**Administrator:** Janice Hurst

**Name of Facility:** Romeo Home

**Facility Address:** 39880 Romeo Plank Rd  
Clinton Twp, MI 48038

**Facility Telephone #:** (248) 641-7200

**Original Issuance Date:** 12/04/1996

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/22/2021

Date of Bureau of Fire Services Inspection if applicable: 07/22/2021

Date of Health Authority Inspection if applicable: 07/22/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed N/A 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.  
Not required
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Staff member N.K. does not have verification of an annual health review.

**R 400.14316            Resident records.**

(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:  
    (a) Identifying information, including, at a minimum, all of the following:  
        (viii) Funeral provisions and preferences.

Residents J.I. and S.S. do not have funeral or burial provisions listed.

**Repeat Violation Established:  
Reference Renewal Inspection Report and CAP dated 7/19/2019**

**R 400.14403            Maintenance of premises.**

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

The front door has rust at the bottom, causing a hole and severe decay and needs to be replaced.

**R 400.14403            Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The bathroom tile is cracked and broken and needs to be replaced.

A corrective action plan was requested and approved on 07/24/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license.



7/29/2021

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Roeiah Epps-Ward  
Licensing Consultant

Date