



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 5, 2021

Steven Tyshka
Waltonwood at Cherry Hill II
42500 Cherry Hill
Canton, MI 48187

RE: License #: AH820336804
Waltonwood at Cherry Hill II
42500 Cherry Hill
Canton, MI 48187

Dear Mr. Tyshka:

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 241-1970.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433
enclosure

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

I. IDENTIFYING INFORMATION

License #: AH820336804

Licensee Name: Waltonwood at Cherry Hill II, L.L.C

Licensee Address: 7125 Orchard Lake Rd #200
West Bloomfield, MI 48322

Licensee Telephone #: (248) 865-1012

Authorized Representative: Steven Tyshka

Administrator: Tiffany Tucker

Name of Facility: Waltonwood at Cherry Hill II

Facility Address: 42500 Cherry Hill
Canton, MI 48187

Facility Telephone #: (734) 981-5070

Original Issuance Date: 12/27/2012

Capacity: 76

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2021

Date of Bureau of Fire Services Inspection if applicable: 7/27/20, 10/28/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/5/21

No. of staff interviewed and/or observed 14

No. of residents interviewed and/or observed 20

No. of others interviewed [redacted] Role No visitors in the facility at this time due to the COVID-19 pandemic

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility does not hold resident funds.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
- CAP dated 10/23/18 to Renewal LSR dated 10/15/18: 20173a (4)
- CAP dated 2/12/19 to SIR 2019A1011010 dated 1/29/19: MCL 333.20201 (1), R 325.1932(5), R 325.1923(4), R 325.1921(1), R325.1924(3), R 325.1923(2), R 325.1921(1)
- CAP dated 5/17/19 to SIR 2019A0585026 dated 4/26/19: R 325.1921(1)
- CAP dated 6/30/20 to SIR 2020A1011042 dated 6/16/20: R 325.1931(2), R 325.1932(3), R 325.1932 (1)
- CAP dated 6/28/21 to SIR 2021A0784042 dated 6/15/21: R 325.1931(2)
-
- Number of excluded employees followed up? Three N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1923

Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Review of employee files for both Charlie Harris and Rosemary Frazier revealed a tuberculosis (TB) screening was not completed within 10 days of hire and before occupational exposure.

On 11/5/21, I shared the findings of the report with the facility's authorized representative Mr. Tyshka by telephone. Mr. Tyshka verbalized understanding of the findings.

IV. RECOMMENDATION

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



11/5/21

Licensing Consultant

Date