



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 13, 2021

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

RE: License #: AS130336875  
**Walter Home**  
**15062 Walters Drive**  
**Marshall, MI 49068**

Dear Mrs. Hurst:

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 (517) 284-9730.

Sincerely,



Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-9037

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

**I. IDENTIFYING INFORMATION**

**License #:** AS130336875

**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:** Walter Home

**Facility Address:** 15062 Walters Drive  
Marshall, MI 49068

**Facility Telephone #:** (269) 248-6020

**Original Issuance Date:** 04/01/2013

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 06/23/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] 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.
- 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 found to be in non-compliance with the following rules:

**R 330.1803                      Facility environment; fire safety.**

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

***FINDING: During the onsite inspection, I reviewed an invoice from a professional fire protection service. The invoice indicated that on 08/26 a technician from this company provided “service” to the facility’s interconnected smoke detection system. According to the facility’s home manager, the technician never provided the facility with a copy of what was done to the system and/or a copy of an annual inspection report verifying the system was in good working condition.***

***Upon inspecting the facility’s interconnected smoke detection system, I established that once the system was tripped, the smoke detector located in the facility’s basement was the only smoke detector working. The alarm was not audible in all areas of the facility. It was determined the smoke detectors located on the first floor were not interconnected and/or were not working. According to the facility’s home manager, the technician who provided “service” to the system on 08/26 did not indicate the system was not in good working condition. Subsequently, the home manager was not aware the system was broken. I established the facility was equipped with additional battery powered smoke detectors throughout the facility.***

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

***FINDING: It was established that Resident A completed an annual physical at his doctor's office on 05/21/2021. However, the findings of this physical were not documented on the department's written health care appraisal form. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.***

**R 400.14306            Use of assistive devices.**

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

***FINDING: Per documentation on Resident A's assessment plan, Resident A utilizes bedrails as an assistive device. There was no written documentation by a licensed physician authorizing Resident A's use of bedrails, on record in the facility.***

***Per documentation on Resident B's assessment plan, facility staff members utilize a mechanical lift when transferring Resident B. There was no written documentation by a licensed physician authorizing facility staff members' use of a mechanical lift when transferring Resident B, on record in the facility.***

**R 400.14312            Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

***FINDINGS: Per documentation on Resident B's October Medication Administrator Record, Resident B had a prescription for "as needed" Aspercreme Lidocaine. This medication was not available in the facility.***

***Resident B had a prescription for "as needed" Lorazepam. According to documentation on Resident B's October Medication Administration Record, Resident B was administered one 0.5mg tablet of Lorazepam. There was no documentation on Resident B's October Medication Administration Record indicating the reason Resident B was administered his Lorazepam.***

***Located at the facility, was an old bottle of Resident A's prescription Nystatin cream that was filled on 08/06/2020. Directions on the label indicated Resident A was to be administered this cream "as needed" for two weeks. Per physician's instructions, this medication was no longer required. Subsequently, the medication needed to be disposed of.***

**R 400.14313      Resident nutrition.**

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

***FINDING: The facility's weekly menu was kept in a folder located in the employee office and was not posted.***

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

***FINDING: There were no Resident Funds I forms on record in the facility for Residents A and B.***

***Resident B's monthly payments for AFC services provided to him were not documented on a Resident Funds II form.***

**R 400.14403            Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

**FINDING: The stairway on the left side of the facility's front porch does not have handrails.**

**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.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

(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.



***FINDING: Employee Michelle Peck's negative TB results expired on 07/18/2021.***

***Employee Jessica Earl's negative TB results expired on 08/06/2021.***

***There were no annual health reviews on record in the facility for either Ms. Peck or Ms. Earl.***

**IV. RECOMMENDATION**

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

*Michele Struter*

10/13/2021

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Licensing Consultant

Date