



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 5, 2022

Steven Tyshka  
Waltonwood at Main  
1401 Rochester Rd.  
Rochester Hills, MI 48307

RE: License #: AH630285481

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 347-5503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License#:</b>	AH630285481
<b>Licensee Name:</b>	Waltonwood at Main, LLC
<b>Licensee Address:</b>	Suite 200 7125 Orchard Lake Rd. West Bloomfield, MI 48325
<b>Licensee Telephone #:</b>	(248) 865-1600
<b>Authorized Representative:</b>	Steven Tyshka
<b>Administrator:</b>	Adam Merrell
<b>Name of Facility:</b>	Waltonwood at Main
<b>Facility Address:</b>	1401 Rochester Rd. Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(248) 601-7600
<b>Original Issuance Date:</b>	10/04/2006
<b>Capacity:</b>	114
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/03/2022

Date of Bureau of Fire Services Inspection if applicable: 10/05/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 05/05/2022

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 29

No. of others interviewed 0 Role

- 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 in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
The Bureau of Fire Services Reviews fire drills, however facility disaster planning procedures were reviewed while onsite.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: SIR2020A1019031, CAP dated 2/11/20, R325.1921 (1) (b), R 325.1931 (2)
- Number of excluded employees followed up? 1 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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” (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A 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 have to conduct annual TB testing for residents.</b></p>
Resident A moved into the facility on 11/17/2018, however the resident’s TB that was used upon admission out taken outside the timeframe outlined in this rule and was dated for 10/20/2017.	
<b>R 325.1923</b>	<b>Employee’s health.</b>
	<p><b>(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? (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), 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</b></p>

	<p><b>multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b></p>
<p>Review of employee files revealed that employee A did not have her TB screen conducted within the timeframe specified in this rule. Employee A was hired on 3/23/2021 and her TB screen was completed on 11/17/2020. The facility was unable to produce a TB screen for Employee B, who was hired on 03/21/2022.</p>	
<p><b>R 325.1931</b></p>	<p><b>Employees; general provisions.</b></p>
	<p><b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements and documentation.</b></li> <li><b>(b) First aid and/or medication, if any.</b></li> <li><b>(c) Personal care.</b></li> <li><b>(d) Resident rights and responsibilities.</b></li> <li><b>(e) Safety and fire prevention.</b></li> <li><b>(f) Containment of infectious disease and standard precautions.</b></li> <li><b>(g) Medication administration, if applicable.</b></li> </ul>
<p>The facility could not produce any proof of training for Employees B, C and D who are all med passing staff.</p>	
<p><b>R 325.1932</b></p>	<p><b>Resident medications.</b></p>
	<p><b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b></p>
<p>Medication administration records (MAR) for several residents were reviewed. During the timeframe reviewed, I observed that on 3/17/2022, Resident B did not receive a dose of diclofenac sodium gel. On 03/18/2022 and 3/19/2022, I observed that Resident C did not receive her scheduled doses of albuterol. On 3/1/2022 and 3/3/2022, I observed that Resident D did not receive her scheduled does of levothyroxine and on 3/14/2022 did not receive her scheduled dose of carbidopa-levodopa. Residents B, C and D's MAR was blank on the above-mentioned instances and therefore a reason for the missed medication administrations cannot be determined.</p>	

#### IV. RECOMMENDATION

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



05/05/2022

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Elizabeth Gregory-Weil  
Licensing Consultant

Date