



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 1, 2022

Debra Waynick
RDP Rehabilitation, Inc.
51145 Nicolette Dr.
New Baltimore, MI 48047

RE: Application #: AS500411262
Progressions 29255 Hughes
29255 Hughes Street
St. Clair Shores, MI 48081

Dear Ms. Waynick:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W. Grand Blvd.
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500411262
Applicant Name:	RDP Rehabilitation, Inc.
Applicant Address:	Suite 102 36975 Utica Road Clinton Township, MI 48036
Applicant Telephone #:	(586) 651-8818
Administrator/Licensee Designee:	Debra Waynick
Name of Facility:	Progressions 29255 Hughes
Facility Address:	29255 Hughes Street St. Clair Shores, MI 48081
Facility Telephone #:	(586) 200-5613
Application Date:	01/03/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/07/2021	Application Incomplete Letter Sent
01/03/2022	Enrollment
01/03/2022	Application Incomplete Letter Sent 1326, FP, RI030, AFC 100
02/11/2022	Contact - Document Received AFC 100, 1326a
05/01/2022	Application Complete/On-site Needed
06/22/2022	Inspection Completed On-site
06/22/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Progressions 29255 Hughes is located at 29255 Hughes Street, in St. Clair Shores. The facility is a two-story structure (apartment style) that is not wheelchair accessible. The facility consists of two community multi-purpose rooms for recreation with kitchenettes, sitting/lounge, office, and medication area. There is a total of six individual apartment style bedrooms with full bathrooms, kitchen and living room areas.

The boiler unit and furnace are located on the first floor with a solid core door which has a 2-hour-fire-resistance rating equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The six bedrooms in the apartments are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	31'4 X 21'6	674	1
2	31'4 X 21'6	674	1
3	31'4 X 21'6	674	1
4	31'4 X 21'6	674	1
5	31'4 X 21'6	674	1
6	31'4 X 21'6	674	1

Total capacity: 6

All six bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and a mirror. During the onsite inspection I observed that the facility was found to be in substantial compliance with the rules pertaining to maintenance and sanitation. The facility has a washer and dryer with metal dryer vent. The bathroom and bedrooms The multi-purpose rooms for recreation with kitchenettes, sitting/lounge, office and medication areas measure a total of 1,348 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

B. Program Description

Progressions 29255 Hughes is a Traumatic Brain Injury (TBI) program for individuals that are physically handicap, aged and brain injured. Each resident has their own private apartment. The program statement indicates that the facility will offer each resident a highly individualized learning and giving environment within a structured daily routine in an apartment style family-oriented setting. The caregivers will treat each consumer as an individual with unique needs and abilities and will help each consumer attain his or her highest potential in community living ski8lls. The program will provide staff for 24-hour care and supervision at the facility. The services will be provided by trained professionals who are capable of meeting the physical, emotional, intellectual, and social needs of each resident. The rehabilitation team will develop and implement a treatment plan, which will be individual to each resident's needs and goals.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

C. Applicant and Administrator Qualifications

The applicant is RDP Rehabilitation LLC, which is a “For Profit Corporation” and was established in Michigan on 3/3/2021. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Board of Directors of RDP Rehabilitation LLC, have submitted documentation appointing Debra Waynick as Licensee Designee and administrator for this facility. Ms. Waynick has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee/administrator, Debra Waynick, has a high school diploma from Penn Foster High School. She has over 10 years of experience as a direct in-home caregiver for individuals who are physically handicap, aged and brain injured.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

Debra Waynick, the licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

Licensing record clearance requests were completed for Ms. Waynick. Ms. Waynick submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Waynick acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Waynick acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Waynick acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received

medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Waynick acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Waynick acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Waynick acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Waynick acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Waynick acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Waynick acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Waynick acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by Sunnydale Assisted Living & Memory Care LLC.

Ms. Waynick acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Waynick acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Waynick acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

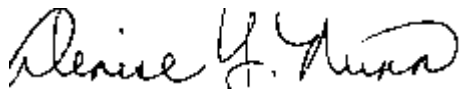


06/29/22

Eric Johnson
Licensing Consultant

Date

Approved By:



07/01/2022

Denise Y. Nunn
Area Manager

Date