



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 15, 2023

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

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

Dear Ms. Waynick:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to read 'EJ', is positioned above the typed name.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500411262
<b>Licensee Name:</b>	RDP Rehabilitation, Inc.
<b>Licensee Address:</b>	Suite 102 36975 Utica Road Clinton Township, MI 48036
<b>Licensee Telephone #:</b>	(586) 651-8818
<b>Licensee/Licensee Designee:</b>	Debra Waynick,
<b>Administrator:</b>	Debra Waynick,
<b>Name of Facility:</b>	Progressions 29255 Hughes
<b>Facility Address:</b>	29255 Hughes Street St. Clair Shores, MI 48081
<b>Facility Telephone #:</b>	(586) 200-5613
<b>Original Issuance Date:</b>	07/01/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/14/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed N/A Role: N/A

- 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.  
none needed
- 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:

<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>

During the onsite inspection on 02/14/23, I observed that Resident A was out of the medication Refresh PM ocn op and Prevdant 5000 booster.

<b>R 400.14316</b>	<b>Resident records.</b>
	<b>(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:</b> <b>(e) Resident care agreement.</b> <b>(i) Resident funds and valuables record and resident refund agreement.</b>

During the onsite inspection on 01/18/23, I observed that all resident care agreements did not contain the following information:

- Resident guardians are responsible for providing residents with hygiene products
- Resident food is to be purchased by the residents with a provided debt card from the facility. Residents receive \$75 weekly for food and paper goods.

During the onsite inspection on 01/18/23, I observed that all resident files did not contain an inventory of valuables or a funds part II for food purchases.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b>

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During the onsite inspection on 02/14/23, I observed that the facility did not practice fire drills during the reporting period.

#### IV. RECOMMENDATION

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



02/15/23

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Eric Johnson  
Licensing Consultant

Date