



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 12, 2023

Tina Dorman  
RDP Rehabilitation, Inc.  
51145 Nicolette Dr.  
New Baltimore, MI 48047

RE: License #: AS500411265  
**Progressions 42192 Toddmark**  
**42192 Toddmark Lane**  
**Clinton Township, MI 48038**

Dear Ms. Dorman:

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 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>	AS500411265
<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) 530-8778
<b>Licensee/Licensee Designee:</b>	Tina Dorman,
<b>Administrator:</b>	
<b>Name of Facility:</b>	Progressions 42192 Toddmark
<b>Facility Address:</b>	42192 Toddmark Lane Clinton Township, MI 48038
<b>Facility Telephone #:</b>	(586) 267-5284
<b>Original Issuance Date:</b>	06/29/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/04/2023

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 3

No. of others interviewed N/A 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:

<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 10/04/23, Resident A's medication log indicated that Resident A self-administered the following medications. However, the facility does not have a medical order allowing Resident A to administer her own medications.

- Mometasone SOL 0.1%
- Refresh P.M. Oin OP
- Triamcinolon CRE 0.1%
- Xiidra Dro 5%
- BaciTracin OIN 500/GM
- Compression Stockings
- Cyclospor EMU 0.05%
- Hydrocort CRE 2.5%
- Lidocaine PAD 5%

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>

During the onsite inspection on 10/04/23, I observed that resident apartments #22 had a broken hall closet door and the bathtub drain did not properly work.

During the onsite inspection on 10/04/23, I observed that resident apartment #12 carpet had large stains and the bathroom was not completely painted.

During the onsite inspection on 10/04/23, I observed that resident apartment #09 kitchen and hallways were not completely painted.

During the onsite inspection on 10/04/23, I observed that resident apartment #10 carpet had large stains.

**IV. RECOMMENDATION**

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



10 /12/23

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Eric Johnson  
Licensing Consultant

Date