

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 26, 2025

Janice Hurst
Progressive Residential Services Inc
Suite # 265
6001 N. Adams Road
Bloomfield Hills, MI 48304

RE: License #: AS580418331

Rosewood Home 5654 Rosewood Drive Monroe, MI 48161

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 (313) 456-0439.

Sincerely,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS580418331

Licensee Name: Progressive Residential Services Inc

Licensee Address: Suite # 265

6001 N. Adams Road

Bloomfield Hills, MI 48304

Licensee Telephone #: (248) 641-7200

Licensee/Licensee Designee: Janice Hurst

Administrator: Janice Hurst

Name of Facility: Rosewood Home

Facility Address: 5654 Rosewood Drive

Monroe, MI 48161

Facility Telephone #: (734) 230-2650

Original Issuance Date: 11/19/2024

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	04/24/2025
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	1
Medication pass / simulated pass observed?	P Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviews	ewed? Yes 🗵 No 🗌 If no, explain.
 Resident funds and associated documents r Yes ⋈ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ Resident had eaten prior to inspection. Fire drills reviewed? Yes ⋈ No ☐ If no, e 	☐ No ☑ If no, explain.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
 Incident report follow-up? Yes No If N/A Corrective action plan compliance verified? 	•
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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

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.

At the time of inspection, there was no menu written and posted.

IV. RECOMMENDATION

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

Pandrea Robinson Licensing Consultant 04/26/25 Date