



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2026

Steven Tyshka  
Waltonwood at Twelve Oaks II  
27495 Huron Cr.  
Novi, MI 48377

RE: License #: AH630264366

Dear Licensee:

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. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 (517) 335-5985.

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>	AH630264366
<b>Licensee Name:</b>	Waltonwood at Twelve Oaks II, LLC
<b>Licensee Address:</b>	7125 Orchard Lake Rd., Suite 200 West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(248) 865-1600
<b>Authorized Representative:</b>	Steven Tyshka
<b>Administrator:</b>	Joseph Whitney
<b>Name of Facility:</b>	Waltonwood at Twelve Oaks II
<b>Facility Address:</b>	27495 Huron Cr. Novi, MI 48377
<b>Facility Telephone #:</b>	(248) 735-1030
<b>Original Issuance Date:</b>	01/25/2005
<b>Capacity:</b>	94
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2026

Date of Bureau of Fire Services Inspection if applicable: 09/24/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/09/2026

No. of staff interviewed and/or observed 24

No. of residents interviewed and/or observed 47

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. The Bureau of Fire Services is responsible for fire drills.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: Compliance for all previous citations could not be verified, as this report contains some repeat violations from past licensure visits.
- Number of excluded employees followed up? 0 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<p>This facility was found to be in non-compliance with the following administrative rules regulating home for the aged facilities:</p>	
<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 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>
<p>The facility was unable to produce evidence that Resident A was screened for TB within 12 months prior to her admission. Resident A moved into the facility on 8/29/24 and her file did not contain any TB records.</p>	
<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</b></p>

	<p><b>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 need to conduct annual TB testing for employees.</b></p>
<p>The facility was unable to produce evidence that Employee 1 was screened for TB upon hire. Employee 1 was hired on 2/10/25 and her file did not contain any TB records. Employee 2 was hired on 7/10/23 and her TB screen was completed on 5/18/23, which is outside of the timeframe required by this regulation.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<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>Files for Employees and 3 and 4 lacked any training records. Employee 3 works as a caregiver and Employee 4 works as a med tech.</p>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<p><b>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions,</b></p>

orders and by the prescribing licensed health care professional.

**(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:**

**(b) Complete an individual medication log that contains all of the following information:**

**(v) The initials of the individual who administered the prescribed medication.**

Medication administration records (MAR) were reviewed for the previous five weeks. The following observations were made:

Resident A is prescribed albuterol and is instructed "*inhale 1 vial via nebulizer by mouth 3 times daily*". Resident A missed 13 doses of this medication from 12/7/25-12/12/25. Staff documented the reason for the missed doses as "*waiting on delivery*" or "*physically unable to take*". However, staff intermittently documented that the medication was administered in between times when they indicated that it was not available. The documented administrations are considered to be medication errors. Resident A is prescribed diclofenac sodium gel and is instructed "*apply topically to knee, back or any involved joint four times a day*". Resident A's MAR was left blank for two doses on 12/1/25, two doses on 12/5/25, one dose on 12/7/25, one dose on 12/8/25 and two doses on 12/13/25; staff failed to indicate why the medication was not administered. Additionally, staff documented that the medication was not available for one dose on 12/3/25, two doses on 12/11/25, one dose on 12/13/25, four doses on 12/14/25, four doses on 12/15/25 and three doses on 12/16/25 despite intermittently documenting that the medication was administered in between times when they indicated that it was not available.

Resident B is prescribed lorazepam 0.5 mg and is instructed "*take 1 tablet by mouth 2 times a day*". Resident B missed a dose of this medication from 12/27/25-12/29/25. Staff documented the reason for the missed doses as "*waiting on delivery*", despite intermittently documenting that the medication was administered. Resident B is prescribed lorazepam 1mg and is instructed "*take 1 tablet by mouth every evening for 30 days schedule at 5pm*". Resident A missed a dose of this medication from 12/17/25-12/20/25 and 12/23/25-12/25/25. Staff documented the reason for the missed doses as "*waiting on delivery*", despite intermittently documenting that the medication was administered. The administrations of this medication during times when it was not available are considered to be documentation errors.

Resident C is prescribed tramadol and is instructed "*take 1 tablet by mouth every 12 hours*". Resident C missed one dose of this medication on 12/17/25, 12/19/25,

<p>12/24/25, 1/5/26, 1/6/26 and 1/7/26. Resident C missed both doses of this medication from 12/1/25-12/16/25, 12/18/25, 12/20/25-12/23/25, 12/25/25-1/1/26 and 1/4/26. Staff repeatedly documented that the medication was not available and the few administrations of this medication are considered to be documentation errors.</p>	
<b>R 325.1935</b>	<b>Bedding, linens, and clothing.</b>
	<b>(2) The home shall assure the availability of clean linens, towels, and washcloths. The supply shall be sufficient to meet the needs of the residents in the home. Individually designated space for individual towels and washcloths shall be provided.</b>
<p>Per the administrator Joseph Whitney, the facility does not keep a supply of linens, towels or washcloths for resident use.</p>	
<b>R 325.1972</b>	<b>Solid wastes.</b>
	<b>All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.</b>
<p>Several garbage containers in the commercial kitchen were observed to be uncovered without lids.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b>
<p>Some perishable food items in the commercial kitchen's refrigerator and freezer were not properly stored (unsealed with packaging left open or food items left uncovered) and other items did not contain labels or dates on them identifying when the manufacturer's packing was opened or when the items were prepared.</p> <p><b>[REPEAT VIOLATION ESTABLISHED]</b></p>	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license.



01/09/2026

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Elizabeth Gregory-Weil  
Licensing Consultant

Date