



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 20, 2026

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

RE: License #: AS580415884
Vineyard Home
15127 South Dixie Hwy.
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,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. 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

License #: AS580415884

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: Vineyard Home

Facility Address: 15127 South Dixie Hwy.
Monroe, MI 48161

Facility Telephone #: (734) 230-2110

Original Issuance Date: 08/02/2023

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/16/2026

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

Date of Health Authority Inspection if applicable: 01/16/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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.
Residents had eaten prior to inspection.
- 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? 5 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:

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, I reviewed the practice emergency/fire preparedness plan and observed the following;

- No drill was conducted between 7 a.m. and 3 p.m. during the 2nd, 3rd or 4th quarter of 2024.
- No drill was conducted between 3 p.m. and 11 p.m. during the 3rd quarter of 2024 and second quarter of 2025.
- No drill was conducted between 11 p.m. and 7 a.m. during the 1st and 2nd quarter of 2024.

R 400.629 Direct care staff; qualifications and training.

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:
(a) Reporting requirements.**

At the time of inspection, staff, Devin Vitiow and Taquilla Brancheau, records did not contain verification that they were trained in reporting requirements.

R 400.629 Direct care staff; qualifications and training.

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:
(d) Personal care, supervision, and protection.**

At the time of inspection, staff, Devin Vitiow and Taquilla Brancheau, records did not contain verification that they were trained in personal care, supervision and protection.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

At the time of inspection, staff, Taquilla Brancheau's, records did not contain an annual health review for 2025.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(e) Verification of experience, highest level of education completed, and training.

At the time of inspection, staff, Taquilla Brancheau's, record did not contain verification of highest level of education completed.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

At the time of inspection, Taquilla Brancheau's, records did not contain verification of 2 reference checks.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, I observed the following;

- A curtain tacked on the outer door frame of bedroom #2.
- A pile of crumbled marijuana sitting on top of the dresser in bedroom #2.

R 400.647 Safety and maintenance of premises.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

At the time of inspection, I observed the living and dining room wood flooring to be worn, discolored and not in good repair.

R 400.651 Living space.

(1) Common use areas of the facility must be accessible to all residents unless a resident has restrictions imposed in the resident's assessment plan or individual plan of service.

At the time of inspection, I observed a “fort” set up in the living room area made with sheets and other materials that prevents the entire area from being accessible to all residents.

R 400.663 Nutrition; adoption by reference.

(4) Meals must meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. The Dietary Guidelines for Americans 2020-2025 are adopted by reference and available to be viewed or downloaded from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services at <https://www.dietaryguidelines.gov> at no cost at the time of adoption of these rules. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of these rules.

At the time of inspection, I reviewed the menu's and observed that as written they do not meet the nutritional allowances recommended by the United States Department of Agriculture.

R 400.691

Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:

(a) Personal information including all of the following:

- (i) Resident's full name.
- (ii) Social Security number.
- (iii) Date of birth.
- (iv) Marital status.
- (v) Veteran's status.
- (vi) Gender identity.
- (vii) Former address.

(viii) Name, address, and contact information of identified contact or designated representative.

(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.

(x) Funeral provisions, preferences, and contact information.

(xi) Resident's religious preference.

At the time of inspection, Resident B's file did not contain funeral provisions, preferences and contact information.

R 400.707

Staff training.

(1) Staff who work with residents shall have successfully completed training that provides basic concepts required in providing specialized dependent care before working independently. Staff shall show the ability to comprehend and be competent to deliver each resident's individual plan of service as written. Training must include all of the following before working independently:

(c) An introduction to the special needs of residents that have developmental disabilities or have been diagnosed as having a mental illness and is specific to the needs of residents to be served by the facility.

At the time of inspection, I reviewed staff, Devin Vitiow, and Taquilla Brancheau's record and neither contained verification of completion in introduction to the special needs of residents that have developmental disabilities or diagnosed with a mental illness as required by these rules.

R 400.715

Facility environment; fire safety, adoption by reference.

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually

after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at [https:// www.nfpa.org](https://www.nfpa.org) at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

At the time of inspection, I observed that the evacuation assessments completed for 2024 were incorrect. The questions on page F1 side 2 were not answered correctly causing incorrect resident scores to be carried over to the "finding the total resident score page. Consultation was provided during the onsite. Additionally, an annual evacuation assessment was not completed for 2025.

IV. RECOMMENDATION

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



Pandrea Robinson
Licensing Consultant

01/20/26
Date