GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2026

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

RE: License #: AS580015119
Investigation #: 2026A0116045
Borg

Dear Mrs. Hurst:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (313) 456-0380.

Sincerely,



Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 319-9682

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS580015119
Investigation #:	2026A0116045
Complaint Receipt Date:	08/17/2026
Investigation Initiation Date:	08/19/2026
Report Due Date:	10/16/2026
Licensee Name:	Progressive Residential Services Inc
Licensee Address:	Suite # 265 6001 N. Adams Road Bloomfield Hills, MI 48304
Licensee Telephone #:	(248) 641-7200
Administrator:	Janice Hurst
Licensee Designee:	Janice Hurst
Name of Facility:	Borg
Facility Address:	1279 Borg Temperance, MI 48182
Facility Telephone #:	(734) 224-0091
Original Issuance Date:	05/18/1993
License Status:	REGULAR
Effective Date:	05/08/2026
Expiration Date:	05/07/2028
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 06/24/26, a medication audit was completed by Monroe County Mental Health Authority (MCMHA), RN, Amy Lewis. The audit determined that between 12/20/25 through 06/24/26 staff did not give and/or apply Resident's A and B topical medications as prescribed.	No
Additional Findings	Yes

III. METHODOLOGY

08/17/2026	Special Investigation Intake 2026A0116045
08/17/2026	Referral - Recipient Rights Received ORR investigative report.
08/19/2026	Special Investigation Initiated - On Site Staff, Jasmine Lewis, Paula Ivey, Mermonta Lewis, Case Supports manager, Raven Tysiak, home manager, Alec Bauman, visually observed Residents A, C-D, reviewed current medication administration records (MARs), medications for Residents A-B and staff meeting/in-service agenda and sign in sheets.
08/19/2026	APS Referral Not required as medication concerns were rectified in June/July of 2026.
08/19/2026	Inspection Completed-BCAL Sub. Compliance
08/21/2026	Contact - Document Received Staff questionnaires/responses from recipient rights investigation.
09/23/2026	Exit Conference Licensee designee, Janice Hurst.

ALLEGATION:

On 06/24/26, a medication audit was completed by Monroe County Mental Health Authority (MCMHA), RN, Amy Lewis. The audit determined that between 12/20/25 through 06/24/26 staff did not give and/or apply Resident's A and B topical medications as prescribed.

INVESTIGATION:

On 08/19/26, I conducted an unscheduled onsite inspection and interviewed staff, Jasmine Lewis, Paula Ivey, Mermonta Lewis, Case Supports Manager, Raven Tysiak, home manager, Alec Bauman, visually observed Residents A, C-D, reviewed current medication administration records (MARs), medications for Residents A-B, staff meeting/in-service agenda and sign in sheets. Staff, Jasmine Lewis, and Memonta Lewis both reported that during their shifts they were applying the prescribed topicals on Resident A and B and giving Resident A his prescription mouthwash. They both reported that they cannot speak to why during the recipient rights investigation, they concluded that the topicals and mouthwash appeared to not have been administered as prescribed because of the amount of liquid/cream left in them. They both reported that they cannot speak about what other staff were doing during their shifts.

I interviewed staff, Paula Ivey, and she reported that prior to the rights investigation, the staff who were providing am/pm care were supposed to be applying the topicals and mouthwash and reported clearly that was not happening based on the audit conducted by RN, Amy Lewis. Ms. Ivey reported that the procedure has changed and now the assigned med passer on each shift is responsible for applying all topicals and giving the prescription mouthwash to the residents for which it is prescribed.

I interviewed home manager, Alec Bauman, and he reported that when MCMHA, RN, Amy Lewis, conducted the audit of the medications she had concerns with the amount of topical medication remaining in tubes/jars and bottles. He reported the concerns were specific to Resident A's Clobetasol ointment and Eucerin cream and Resident B's Chlorhexidine Gluconate mouth wash and Ammonium Lactate lotion. He reported that RN, Amy Lewis, reported that if those medications were given/applied as prescribed there is no way they should have still had so much left in the containers. Mr. Bauman reported he understood her logic and agreed. He reported that since the rights investigation, he had contacted the resident's physician and all topicals that were no longer needed, he obtained discontinue orders for them. He reported that Resident B's topicals have been changed to as needed instead of daily. Mr. Bauman reported that RN, Amy Lewis, in-serviced all staff on medication administration and he also addressed medication administration, focused on the application of topicals, during the July staff meeting, Mr. Bauman reported that since then there have been no issues and all topicals are being applied/given as

prescribed to his knowledge. Mr. Bauman also confirmed that the staff assigned to medication on each shift is responsible for the application of topicals as well.

I interviewed Case Supports Manager, Raven Tysiak, and she reported that she was aware of the rights investigation regarding the topicals not being applied/given as prescribed by some of the staff and was interviewed during the investigation. Ms. Tysiak reported that she is the case manager for Residents A and B. She reported her understanding that the previous issues have been rectified and all topicals are being applied/given as prescribed.

I reviewed the topical medications for Resident A and B and the MARs. All of the topicals contained an additional label that had the date the topical was opened. Mr. Bauman reported staff is required to document the date topicals are opened so that he can ensure the medication is being applied as prescribed. I also observed that the staff are initialing the MARs as required and properly documenting when the residents refuse to allow application of the topicals.

Resident A's topicals have also been changed from daily to as needed.

I visually observed Residents A, C-D as they could not be interviewed due to their developmental disabilities. They were all neatly dressed and groomed sitting in the living room area with staff. No concerns noted.

On 09/23/26, I conducted the exit conference with licensee designee, Jance Hurst, and informed her of the findings of the investigation. Ms. Hurst agreed with the findings.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

ANALYSIS:	Based on the findings of the investigation, which included interviews of staff, Jasmine Lewis, Paula Ivey, Mermonta Lewis, Case Supports Manager, Raven Tysiak, home manager, Alec Bauman, my review of current medication administration records (MARs), and topical medications for Residents A-B there is not a preponderance of evidence to substantiate the allegation that Residents A and B topicals are not currently being applied as prescribed. Although, recipient rights completed an investigation in June/July of 2026 and substantiated that some staff were not applying topicals as prescribed, based on the audit conducted by RN, Amy Lewis, those issues have since been resolved and currently the home is in compliance with this rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 08/19/26, I conducted an unscheduled onsite inspection. I interviewed staff, Jasmine Lewis, in Resident A's bedroom regarding the application of her prescribed topical medications, Ms. Lewis went into Resident A's nightstand next to her bed and took out her prescribed Triamcinolon Ointment 01.% and Clobetasiol ointment 0.05%. I informed Ms. Lewis that all prescription medications are required to be locked. Ms. Lewis reported an understanding and was unable to provide an explanation as to who or why the medications were in Resident A's nightstand.

I interviewed home manager, Alec Bauman, and he reported all of the staff know the rules and no matter how many times they have been told and trained to do things the right way, they continue to do what they want to do. Mr. Bauman was visually frustrated and upset about the medication not being properly stored and locked. He reported that he would be addressing this matter with all of the staff again. Mr. Bauman retrieved the prescription topicals and locked them in the medication cart prior to me leaving.

I conducted the exit conference on 09/23/26 with licensee designee, Janice Hurst, and informed her of the findings of the investigation and the specific rule cited. Ms. Hurst reported an understanding and expressed her knowledge of the seriousness of the matter and the need for staff to comply with licensing rules.

APPLICABLE RULE	
R 400.675	**Resident medications**
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.
ANALYSIS:	Based on the findings of the investigation, which included interviews with Jasmine Lewis, home manager, Alec Bauman, and my observation, there is a preponderance of evidence to substantiate that Resident A's prescription Triamcinolon Ointment 01.% and Clobetasiol ointment 0.05% was not kept in a locked cabinet or drawer as required by these rules.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.



09/25/26

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Pandrea Robinson — Date
Licensing Consultant

Approved By:



09/30/26

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Ardra Hunter — Date
Area Manager