



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

June 29, 2022

Debra Waynick  
RDP Rehabilitation, Inc.  
51145 Nicolette Dr.  
New Baltimore, MI 48047

RE: Application #: AS500411263  
**Progressions 42200 Toddmark**  
**42200 Toddmark Lane**  
**Clinton Township, MI 48038**

Dear Ms. Waynick:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "EJ".

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AS500411263   |
| <b>Applicant Name:</b>                  | RDP Rehabilitation, Inc.                                      |
| <b>Applicant Address:</b>               | Suite 102<br>36975 Utica Road<br>Clinton Township, MI 48036   |
| <b>Applicant Telephone #:</b>           | (586) 651-8818  |
| <b>Administrator/Licensee Designee:</b> | Debra Waynick   |
| <b>Name of Facility:</b>                | Progressions 42200 Toddmark                                   |
| <b>Facility Address:</b>                | 42200 Toddmark Lane<br>Clinton Township, MI 48038             |
| <b>Facility Telephone #:</b>            | (586) 267-5284  |
| <b>Application Date:</b>                | 01/03/2022  |
| <b>Capacity:</b>                        | 6   |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>AGED<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODOLOGY

|            |  |
|------------|--|
| 09/07/2021 | Application Incomplete Letter Sent                             |
| 01/03/2022 | Enrollment   |
| 01/03/2022 | Application Incomplete Letter Sent<br>1326, FP, RI030, AFC 100 |
| 02/11/2022 | Contact - Document Received<br>afc 100, 1326a                  |
| 05/01/2022 | Application Complete/On-site Needed                            |
| 06/14/2022 | Inspection Completed On-site                                   |
| 06/14/2022 | Inspection Completed-BCAL Full Compliance                      |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

### A. Physical Description of Facility

Progressions 42200 Toddmark is a small group home located in Clinton Township, MI with a capacity of six residents. Progressions 42200 Toddmark, Progressions 42196 Toddmark, and Progressions 42192 Toddmark are all located in the Canal Luxury Apartment Complex. The licensee for the home is RDP Rehabilitation, Inc. Debra Waynick will act as the licensee designee and administrator for the home. The apartment complex is owned by Raymond Murray of CL Apartments, LLC. Mr. Murray signed a letter on 11/29/21 giving the State of Michigan permission to inspect the property for the purpose of adult foster home licensing.

Progressions 42200 Toddmark is made up of six resident apartments on two floors. The building also has an empty apartment that is used as a staff office and an unoccupied apartment that is used as a showroom. Each apartment has a full kitchen, living room, two bedrooms and private bathrooms. Progressions 42196 Toddmark has an office where a locked medication carts for each program is kept. Each building has a basement with locked storage and laundry area for each resident. The living room in each apartment offers approximately 227 square feet of living space which meets the required 35 square feet per person.

The six bedrooms in the apartments are sized as follows:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 12'2 x11'3      | 136                  | 1                   |
| 2         | 12'2 x11'1      | 133                  | 1                   |
| 3         | 12'2 x11'1      | 133                  | 1                   |
| 4         | 12'2 x11'1      | 133                  | 1                   |
| 5         | 12'2 x11'1      | 133                  | 1                   |
| 6         | 12'2 x 11'1     | 133                  | 1                   |

**Total capacity: 6**

All six bedrooms have adequate space, bedding, and storage. Each apartment also has an extra bedroom. All of the apartments have a chair and a mirror. During the onsite inspection I observed that the facility was found to be in substantial compliance with the rules pertaining to maintenance and sanitation. The building has smoke detectors and fire extinguishers on each floor and in the basement. The facility has city water and sewer. Each resident has a washer and dryer in the basement with metal dryer vent. The bathroom and bedrooms doors had non-locking against egress hardware.

## **B. Program Description**

Progressions 42200 Toddmark is a Traumatic Brain Injury (TBI) program for individuals that are physically handicap, aged and brain injured. Each resident has their own private apartment. The program statement indicates that the facility will offer each resident a highly individualized learning and giving environment within a structured daily routine in an apartment style family-oriented setting. The caregivers will treat each consumer as an individual with unique needs and abilities and will help each consumer attain his or her highest potential in community living skills. The program will provide staff for 24-hour care and supervision at the facility. The services will be provided by trained professionals who are capable of meeting the physical, emotional, intellectual, and social needs of each resident. The rehabilitation team will develop and implement a treatment plan, which will be individual to each resident's needs and goals.

Admission and discharge policies, program statement, refund policy, personnel policies, standard procedures, as well as floor plans, organizational chart, permission to inspect, proof of ownership, staff training, fire evacuation plan, and staff pattern for the facility were reviewed and accepted as written as outlined in Rule(s) 400.14103, 400.14207, 400.14209, and 400.14302.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

### **C. Applicant and Administrator Qualifications**

The applicant is RDP Rehabilitation LLC, which is a “For Profit Corporation” and was established in Michigan on 3/3/2021. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Board of Directors of RDP Rehabilitation LLC have submitted documentation appointing Debra Waynick as Licensee Designee and administrator for this facility. Ms. Waynick has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee/administrator, Debra Waynick, has a high school diploma from Penn Foster High School. She has over 10 years of experience as a direct in-home caregiver for individuals who are physically handicap, aged and brain injured.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

Debra Waynick, the licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

Licensing record clearance requests were completed for Ms. Waynick. Ms. Waynick submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Waynick acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Waynick acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Waynick acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the applicant has indicated

that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Waynick acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Waynick acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Waynick acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Waynick acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Waynick acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Waynick acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Waynick acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by Sunnydale Assisted Living & Memory Care LLC.

Ms. Waynick acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Waynick acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Waynick acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



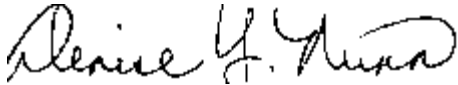
06/27/22

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Eric Johnson  
Licensing Consultant

Date

Approved By:



06/29/2022

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Denise Y. Nunn  
Area Manager

Date