



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 15, 2022

Steven Tyshka
Waltonwood at Royal Oak
3450 W. 13 Mile Road
Royal Oak, MI 48073

RE: License #: AH630336552

Dear Mr. Tyshka:

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) 284-9730.

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

License#:	AH630336552
Licensee Name:	Waltonwood at Royal Oak, L.L.C.
Licensee Address:	Suite 200 7125 Orchard Lake Road West Bloomfield, MI 48322
Licensee Telephone #:	(248) 865-1606
Authorized Representative:	Steven Tyshka
Administrator:	Fatou Ceesay
Name of Facility:	Waltonwood at Royal Oak
Facility Address:	3450 W. 13 Mile Road Royal Oak, MI 48073
Facility Telephone #:	(248) 549-6400
Original Issuance Date:	11/28/2012
Capacity:	105
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):08/09/2022

Date of Bureau of Fire Services Inspection if applicable: 06/29/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 08/09/2022

No. of staff interviewed and/or observed 19

No. of residents interviewed and/or observed 37

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 reviewing fire drills, however facility disaster planning procedures were reviewed.
- 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: SIR2020A0585055, CAP date 9/14/20
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
<p>At the time of my on-site inspection, I observed that Resident A had a device commonly referred to as a “bed assist” that slid underneath the mattress. The facility lacked manufacturer’s guidelines for proper installation and use of the bed device in the resident records and did not have a physician’s order for the devices. The device poses a serious risk of entrapment and was not affixed or secured to the bed frame.</p>	
R 325.1922	Admission and retention of residents.
	<p>(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.</p>
<p>Resident B and C were admitted to the facility without a TB screen completed within the previous twelve months.</p>	
R 325.1923	Employee's health.
	<p>(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 (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the</p>

	centers for disease control and prevention. Each 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 need to conduct annual TB testing for employees.
At the time of this report, the facility was unable to produce an annual TB risk assessment for the year 2021.	
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
The meal census provided did not contain counts for staff and visitors.	
R 325.1976	Kitchen and dietary.
	(7) Perishable foods shall be stored at temperatures which will protect against spoilage.
The refrigerator located in the dining room serving station did not contain a thermometer. Additionally, while resident room refrigerators contained thermometers, many displayed temperatures outside of the range for safe food keeping (above 40 degrees Fahrenheit). Review of routine maintenance temperature checks for resident refrigerators also revealed numerous high temperatures.	
R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
The refrigerator located in the dining room serving station did not contain a thermometer. Food and drink items for residents were housed in this area.	
R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and

	sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
Several containers of dry goods location in the commercial kitchen had plastic scoops on the inside within the contents of the container, demonstrating that they were being reused and not sanitized after each use. This was observed in two flour bins, two rice bins, one lentil bin, one sugar bin and one cornmeal bin.	
R 325.1976	Kitchen and dietary.
	(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.
A black, mold like substance appeared along the inside of the ice machine.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Unsecured hazardous and toxic material were found in the activities room, bistro and dining room serving station. These items are an unnecessary ingestion and subsequent poisoning risk to those residents that lack safety awareness.	

IV. RECOMMENDATION

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



08/15/2022

Elizabeth Gregory-Weil
Licensing Consultant

Date