

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 27, 2023

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

> RE: License #: AS630411261 Progressions 2104 S Rochester 2104 S Rochester Road Rochester Hills, MI 48307

Dear Ms. Waynick:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

Stephanie Donzalez

Stephanie Gonzalez, LCSW Adult Foster Care Licensing Consultant Bureau of Community and Health Systems

Department of Licensing and Regulatory Affairs Cadillac Place, Ste 9-100 Detroit, MI 48202 Cell: 248-514-9391 Fax: 517-763-0204 gonzalezs3@michigan.gov

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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AS630411261
Licensee Name:	RDP Rehabilitation, Inc.
Licensee Address:	Suite 102 36975 Utica Road Clinton Township, MI 48036
Licensee Telephone #:	(586) 651-8818
Licensee Designee:	Debra Waynick
Administrator:	Debra Waynick
Name of Facility:	Progressions 2104 S Rochester
Facility Address:	2104 S Rochester Road Rochester Hills, MI 48307
Facility Telephone #:	
	(248) 608-8553
Original Issuance Date:	(248) 608-8553 07/14/2022

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/27/2023	
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Health Authority Inspection if applicable: N/A	
No. of staff interviewed and/or observed3No. of residents interviewed and/or observed4No. of others interviewed1Role:Licensee Designee/Admin	
 Medication pass / simulated pass observed? Yes X No I If no, explain. 	
 Medication(s) and medication record(s) reviewed? Yes X No I 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. 	
● Fire drills reviewed? Yes ⊠ No □ If no, explain.	
• Fire safety equipment and practices observed? Yes \boxtimes No \square 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 X No I If no, explain. 	
 Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A 	
Number of excluded employees followed-up? 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 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The facility did not complete an evening hours fire drill during the 3rd quarter of 2022. The facility did not complete evening hours and sleeping hours fire drills in the 4th quarter of 2022

A corrective action plan was requested and approved on 01/27/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Stephanie Donzalez

1/27/2023

Stephanie Gonzalez Licensing Consultant Date