



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 15, 2023

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

RE: License #: AS500411266  
**Progressions 22133 21 Mile**  
**22133 21 Mile Road**  
**Macomb, MI 48044**

Dear Ms. Waynick:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to be 'EJ', written in a cursive style.

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, 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**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS500411266   |
| <b>Licensee Name:</b>              | RDP Rehabilitation, Inc.                                      |
| <b>Licensee Address:</b>           | Suite 102<br>36975 Utica Road<br>Clinton Township, MI 48036   |
| <b>Licensee Telephone #:</b>       | (586) 651-8818  |
| <b>Licensee/Licensee Designee:</b> | Debra Waynick,  |
| <b>Administrator:</b>              | Debra Waynick,  |
| <b>Name of Facility:</b>           | Progressions 22133 21 Mile                                    |
| <b>Facility Address:</b>           | 22133 21 Mile Road<br>Macomb, MI 48044                        |
| <b>Facility Telephone #:</b>       | (248) 913-7600  |
| <b>Original Issuance Date:</b>     | 07/01/2022  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>AGED<br>TRAUMATICALLY BRAIN INJURED |
|                                    |   |
|                                    |   |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/14/2023

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 observed 4

No. of residents interviewed and/or observed 1

No. of others interviewed N/A 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.
- 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.  
none needed
- 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:

This facility was found to be in non-compliance with the following rules:

|                    |  |
|--------------------|--|
| <b>R 400.14318</b> | <b>Emergency preparedness; evacuation plan; emergency transportation.</b>  |
|                    | (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. |

During the onsite inspection on 02/14/23, I observed that the facility did not practice fire drills during the reporting period.

|                    |   |
|--------------------|---|
| <b>R 400.14312</b> | <b>Resident medications.</b>  |
|                    | <b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b> |

During the onsite inspection on 02/14/23, I observed that Resident A was out of the medication #5 Formula: DICLO3/GABA6/LIDO2/PRILO2, Lastacraft Sol 0.25%. According to staff, Resident A has been out of this medication for over a month. However, Resident A's Medication log is initialed for the medication given for the dates of 02/01/23-02/13/23. Resident A is also out of the medication Loteprednol OP 0.5%.

During the onsite inspection on 02/14/23, I observed that Resident A did not receive her medication Lotemax Orn 0.5% on 02/07/23 and 02/09/23

#### IV. RECOMMENDATION

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



02/15/23

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Eric Johnson  
Licensing Consultant

Date