



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 18, 2024

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

RE: License #: AS580015119  
**Borg**  
**1279 Borg**  
**Temperance, MI 48182**

Dear Mrs. Hurst:

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 or home for the aged authorized representative 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
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(313) 319-9682

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

**I. IDENTIFYING INFORMATION**

**License #:** AS580015119

**Licensee Name:** Progressive Residential Services Inc

**Licensee Address:** Suite # 265  
6001 N. Adams Road  
Bloomfield Hills, MI 48304

**Licensee Telephone #:** (248) 641-7200

**Licensee/Licensee Designee:** Janice Hurst

**Administrator:** Janice Hurst

**Name of Facility:** Borg

**Facility Address:** 1279 Borg  
Temperance, MI 48182

**Facility Telephone #:** (734) 847-4474

**Original Issuance Date:** 05/18/1993

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/16/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 04/16/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] 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.  
No incident reports reviewed required additional follow up.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Rules 205(3), 301(9), 315(3), 316 (1)(i), and 318(5) CAP dated 05/02/22 N/A
- Number of excluded employees followed-up? 4 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 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:  
(a) Improve the score to at least the "slow" category.**

At the time of inspection, I observed that evacuation assessments were not completed within the 30 days after the admission of Resident's A-C. Resident A and B were admitted on 05/25/23. Resident C was admitted on 06/06/22.

I also observed that no annual evacuation assessment was completed for 2023 and 2024. The annual assessments were due in January of 2023 and 2024.

**R 400.14208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(f) Verification of reference checks.**

At the time of inspection, 2 of 2 staff files reviewed did not contain verification of reference checks.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's**

admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, I observed that Resident A did not have a health care appraisal completed within the 90-day period before her admission into the home.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of admission, I observed that Resident D did not have an annual assessment plan completed and on file for 2023.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of inspection, I observed that Resident D did not have an annual care agreement completed for 2023.

**\*REPEAT VIOLATION ESTABLISHED, LSR DATED 04/16/22; CAP DATED 05/02/22\***

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, I observed that Resident A and D did not have resident funds and transactions forms completed and on file documenting their personal allowance or cost of care. Resident A did not have any transaction forms completed dating back to May of 2023 to the present. Resident D did not have any transactions forms completed dating back to April of 2022 to the present.

**\*REPEAT VIOLATION ESTABLISHED, LSR DATED 04/16/22; CAP DATED 05/02/22\***

**R 400.14316**

**Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

(iv) A record of physician contacts.

(v) Instructions for emergency care and advanced medical directives.

(e) Resident care agreement.

(f) Assessment plan.

- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

At the time of inspection, I observed that Resident A did not have a resident identification form completed and on file in the home.

**R400.14310 Resident health care**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, I observed Resident A did not have a weight upon admission in May of 2023. Resident A also did not have weights recorded from June 2023 through September of 2023.

Resident D did not have weights recorded from May of 2022 to December of 2022 or from January 2023 to September 2023.

**R400.14403 Maintenance of premises**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

At the time of inspection, I observed the carpeting in bedroom #1 to be badly soiled with dark spots and stains throughout.

**IV. RECOMMENDATION**

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



Licensing Consultant

04/18/24

Date