

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 26, 2025

Steven Tyshka Waltonwood at Lakeside 14650 Lakeside Circle Sterling Heights, MI 48313

RE: License #: AH500285320

Waltonwood at Lakeside 14650 Lakeside Circle Sterling Heights, MI 48313

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. 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 action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Brender Howard, Licensing Staff

Brander J. Howard

Bureau of Community and Health Systems

611 W. Ottawa Street, P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500285320
Licensee Name:	Waltonwood At Lakeside I, L.L.C.
	0 :1 #000
Licensee Address:	Suite #200
	7125 Orchard Lake Rd.
	West Bloomfield, MI 48325
Licensee Telephone #:	(248) 865-1600
Authorized Representative:	Steven Tyshka
Administrator/Licensee Designee:	Gina Steigerwald
Name of Equility	Waltonwood at Lakeside
Name of Facility:	Waltonwood at Lakeside
Facility Address:	14650 Lakeside Circle
,	Sterling Heights, MI 48313
Facility Telephone #:	(586) 532-7601
Talenta in	(666) 662 1661
Original Issuance Date:	07/16/2007
Capacity:	90
Program Type:	AGED
3,1	ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection	(s): 02/25/2025	
Date	e of Bureau of Fire Sei	vices Inspection if applicable:	02/06/2025
Insp	ection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date	e of Exit Conference:	02/25/2025	
No.	of staff interviewed an of residents interviewed of others interviewed	ed and/or observed	10 37 bers
•	Medication pass / sim	ulated pass observed? Yes 🏻	No ☐ If no, explain.
•	explain. Resident funds and a Yes ☐ No ☑ If no,	edication records(s) reviewed? Nessociated documents reviewed feeplain. No residents' fund held.	or at least one resident?
•	Fire drills reviewed?	Yes ☐ No ⊠ If no, explain.	
•	Water temperatures of	checked? Yes ⊠ No □ If no, e	explain.
•	Corrective action plar CAPS for this home.	up? Yes ☐ IR date/s: N/A n compliance verified? Yes ☐ (CAP date/s and rule/s: No
• [vullibei oi excluded e	mployees followed up? 9 N/A $oxdot$	_

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.	
	(1) The owner, operator, and governing body of a home shall do all of the following:	
	(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.	

I observed that Resident A, Resident B, Resident C and Resident D had bed rails attached to their bed frames. These were devices commonly referred to as a "bed assist" that slid underneath the mattress and was held in place solely by the weight of the occupant and mattress. Inspection revealed that the distance between the slats (horizontal or vertical supports between the perimeter of the bed rails) was large enough for a hand, foot or limb to fit through and cause possible entanglement or entrapment. This device easily slid away from the device when manipulated and posed an entrapment hazard to the occupant of the bed.

The facility had no manufacturer's guidelines available for review to determine proper installation, ongoing maintenance and correct resident assessment and use of the bed devices.

Employment records reviewed for five care staff did not include any evidence of training related to the use of mobility devices.

In addition, there was no evidence that staff were instructed on how to assess the device was secured appropriately to the bed, maintained it integrity over time, did not pose an entrapment or entanglement risk, or allowed for an open distance between the device the resident could become entrapped or entangled within. There were no manufacturer instructions for appropriate use available for review.

The use of beside assistive devices without an organized plan of protection that considers physician authorization, resident assessment for competency of safe use, proper service plan development and training to ensure staff are aware of their responsibilities to ensure safe use does not reasonably comply with this rule.

R 325.1964	(9) Ventilation shall be provided throughout the facility in the following manner:	
	(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.	
	The public restroom, spa room and janitor closet on the second floor lacked adequate and discernable air flow.	

IV. RECOMMENDATION

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

Date
Licensing Consultant