



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 29, 2025

Steven Tyshka  
Waltonwood at Main, LLC  
7125 Orchard Lake Rd. Suite 200  
West Bloomfield, MI 48325

RE: License #: AH630285481  
Investigation #: 2025A0784038  
Waltonwood at Main

Dear Steven Tyshka:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

|                                       |                                                                 |
|---------------------------------------|-----------------------------------------------------------------|
| <b>License #:</b>                     | AH630285481                                                     |
| <b>Investigation #:</b>               | 2025A0784038                                                    |
| <b>Complaint Receipt Date:</b>        | 03/17/2025                                                      |
| <b>Investigation Initiation Date:</b> | 03/18/2025                                                      |
| <b>Report Due Date:</b>               | 05/17/2025                                                      |
| <b>Licensee Name:</b>                 | Waltonwood at Main, LLC                                         |
| <b>Licensee Address:</b>              | Suite 200<br>7125 Orchard Lake Rd.<br>West Bloomfield, MI 48325 |
| <b>Licensee Telephone #:</b>          | (248) 865-1600                                                  |
| <b>Administrator:</b>                 | Jonathan Hills                                                  |
| <b>Authorized Representative:</b>     | Steven Tyshka                                                   |
| <b>Name of Facility:</b>              | Waltonwood at Main                                              |
| <b>Facility Address:</b>              | 1401 Rochester Rd.<br>Rochester Hills, MI 48307                 |
| <b>Facility Telephone #:</b>          | (248) 601-7600                                                  |
| <b>Original Issuance Date:</b>        | 10/04/2006                                                      |
| <b>License Status:</b>                | REGULAR                                                         |
| <b>Effective Date:</b>                | 08/01/2024                                                      |
| <b>Expiration Date:</b>               | 07/31/2025                                                      |
| <b>Capacity:</b>                      | 114                                                             |
| <b>Program Type:</b>                  | ALZHEIMERS<br>AGED                                              |

## II. ALLEGATION(S)

|                                                 | <b>Violation<br/>Established?</b> |
|-------------------------------------------------|-----------------------------------|
| Inadequate assistance medication administration | Yes                               |
| Additional Findings                             | No                                |

## III. METHODOLOGY

|            |                                                             |
|------------|-------------------------------------------------------------|
| 03/17/2025 | Special Investigation Intake<br>2025A0784038                |
| 03/18/2025 | Special Investigation Initiated - On Site                   |
| 03/18/2025 | Inspection Completed On-site                                |
| 03/27/2025 | Contact - Telephone call made<br>Interview with complainant |
| 4/29/2025  | Exit - Email<br>Report Sent                                 |

### **ALLEGATION:**

**Inadequate assistance with medication administration**

### **INVESTIGATION:**

On 3/17/2025, the department received this online complaint.

According to the complaint, Resident A is a person who normally self-administers her medications. On or about 1/29/2025, Resident A was quarantined due to having the norovirus. The quarantine lasted several days during which time Resident A was unable to self-administer her medications because of her illness. Resident A did not receive her medications during this time as the facility did not ensure they were administered while Resident A was unable to do so.

On 3/18/2025, I interviewed administrator Johnathan Hills at the facility. Administrator stated Resident A was isolated with the Norovirus on 1/30/2025 until 2/03/2025. Administrator confirmed Resident A had been assessed and approved by her doctor, prior to the isolation period, to self-administer her own medications. Administrator stated Resident A was approved to self-administer by her physician upon moving into the community on 12/05/2023. Administrator stated the facility makes sure to conduct ongoing observations of residents who self-administer medications and that assessments are conducted each quarter specifically to address if a resident can continue to do so. Administrator stated Resident A had

symptoms of declining health prior to being quarantined as she seemed physically weaker. Administrator stated that upon ending Resident A's quarantine period, she was unable to bare her own weight which he stated she historically could do. Administrator stated that the period which Resident A had Norovirus, Resident A had asked staff on a few occasions to help her with her medications. Administrator stated staff helped Resident A if she asked. Administrator stated that since Resident A was previously approved for self-administration, the facility did not document any medication administrations staff may have assisted with so he could not be certain when this assistance was provided. Administrator stated that approximately one to two weeks prior to Resident A being quarantined, staff did notice she had some pills on her floor. Administrator stated that it was around this time Resident A was showing signs of difficulty in self-administering medications. Administrator stated Resident A was also have difficulty opening her medication bottles. Administrator stated that since Resident A has returned from the hospital, she no longer self-administers medications which he stated is reflected in the facilities assessment done on 2/26/2025.

On 3/18/2025, I observed Resident A sitting in her wheelchair in her room. She appeared appropriately groomed and comfortable. Resident A reported she was feeling well.

I reviewed a letter from Resident A's physician addressed to the facility prior to her admission, provided by administrator. The letter indicated Resident A was able to self-administer her medications.

I reviewed a physician order for Resident A from her doctor, provided by administrator, dated 1/13/2025 which indicated Resident A was capable of self-administering medications.

I reviewed the most recent two self-administration assessments for Resident A, dated 12/06/2024 and 2/26/2025. The assessments read consistently with statements provided by administrator.

I reviewed January and February 2025 medication administration records (MARs) for Resident A, provided by administrator. The MARs read consistently with administrator's statements with no documentation of medication administration for Resident A at any time in January 2025.

| <b>APPLICABLE RULE</b> |                                                                                                       |
|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>R 325.1921</b>      | <b>Governing bodies, administrators, and supervisors.</b>                                             |
|                        | <b>(1) The owner, operator, and governing body of a home shall do all of the following:</b>           |
|                        | <b>(b) Assure that the home maintains an organized program to provide room and board, protection,</b> |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | supervision, assistance, and supervised personal care for its residents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| R 325.1932         | Resident medications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                    | (6) For a resident who is identified as self-administered in his or her service plan, the home must have a policy to offer a secured method of storage for medications if desired by the resident and to notify the applicable health care professional or legal representative if there is a change in a resident's capacity to self-medicate.                                                                                                                                                                                                                                                                                                                                                               |
| <b>ANALYSIS:</b>   | The complaint alleged Resident A, who normally self-administered her medications, was unable to do so during a period of time in which she was sick, and that staff did not ensure she received her medications. Administrator confirmed Resident A was having difficulty with self-administration of medications, even prior to her illness. While administrator reported staff did attempt to assist Resident A with her medications while she was sick, no evidence was presented to support this claim or to show that while she was unable to effectively self-administer, staff provided any consistent attempt to assist her. Based on the findings, the facility is not in compliance with this rule. |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.



4/23/2025

Aaron Clum  
Licensing Staff

Date

Approved By:



04/29/2025

Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date