



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 3, 2026

Steven Tyshka
Waltonwood at Cherry Hill II
42500 Cherry Hill
Canton, MI 48187

RE: License #: AH820336804
Waltonwood at Cherry Hill II
42500 Cherry Hill
Canton, MI 48187

Dear Licensee:

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 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 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 285-7433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820336804
Licensee Name:	Waltonwood at Cherry Hill II, L.L.C
Licensee Address:	7125 Orchard Lake Rd #200 West Bloomfield, MI 48322
Licensee Telephone #:	(248) 865-1012
Authorized Representative:	Steven Tyshka
Administrator:	Angie Hanson
Name of Facility:	Waltonwood at Cherry Hill II
Facility Address:	42500 Cherry Hill Canton, MI 48187
Facility Telephone #:	(734) 981-5070
Original Issuance Date:	12/27/2012
Capacity:	76
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/30/2026

Date of Bureau of Fire Services Inspection if applicable: 01/20/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/30/2026

No. of staff interviewed and/or observed 17

No. of residents interviewed and/or observed 36

No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No resident funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. The disaster plan was reviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP dated 8/24/2023 to LSR (Licensing Study Report) dated 8/9/2023: R 325.1931(3), R 325.1931(6), R 325.1921(1)(b), R 325.1932(2), R 325.1964(9)
- CAP dated 9/19/2024 to SIR (Special Investigation Report) 2024A0784078 dated 8/30/2024: 333.20201(2)(e), R 325.1922(5), R 325.1932(1)
- CAP dated 8/13/2024 to SIR 2024A1035033 dated 8/1/2024: R 325.1921(1)(b)
- Number of excluded employees followed up? Zero, as verified in the workforce background check account on date of survey. N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1922 Admission and retention of residents.

(4) If there is a change in a term or condition in the written resident admission contract, then the home or home's designee shall review the change with the resident and the resident's authorized representative, if any.

Review of the service plans revealed that the plans for Residents A and C were signed by the resident or the resident's authorized representative. However, the service plans for Residents B, D, and E were not signed. As a result, it could not be determined whether these service plans had been reviewed with the resident and, if applicable, the resident's authorized representative.

Additionally, review of the resident census indicated that Residents B and E were receiving hospice services; however, this information was not documented in their respective service plans.

REPEAT VIOLATION ESTABLISHED.

[For reference, see SIR 2024A0784078 dated 8/30/2024, CAP dated 9/19/2024]

R 325.1923 Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Review of Employee #1's records indicated a date of hire of 5/15/2025. However, the tuberculosis (TB) screening on file was documented as completed on 5/8/2024 and read on 5/11/2024. Therefore, the TB screening was not completed within ten days of hire and prior to occupational exposure.

VIOLATION ESTABLISHED.

R 325.1931 Employees; general provisions.

(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

- (a) Reporting requirements and documentation.**
- (b) First aid and/or medication, if any.**
- (c) Personal care.**
- (d) Resident rights and responsibilities.**
- (e) Safety and fire prevention.**
- (f) Containment of infectious disease and standard precautions.**
- (g) Medication administration, if applicable.**

Review of Employees #2, #3, #4, #5, and #6 revealed that their training records lacked one or more of the training requirements consistent with this rule. Specifically, Employees #2 and #3 had no training documentation on file. Employees #4, #5, and #6 had documentation of training related to resident rights and responsibilities and infectious disease; however, they were lacking documentation of all other required training components under this rule.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/9/2023, CAP dated 8/24/2023]

R 325.1932 Resident medications.

(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

Review of Resident C's December 2025 medication administration record (MAR) revealed three prescribed as-needed (PRN) medications for nausea and/or vomiting—Haloperidol, Hyoscyamine, and Ondansetron—that lacked sufficient instructions to determine whether the medications were to be administered together, separately, in tandem, or as alternatives to one another.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/9/2023, CAP dated 8/24/2023]

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.

Review of the narcotic count logbook for assisted living medication cart #2 revealed that staff coming on duty and staff going off duty were required to sign the logbook to verify completion of the narcotic count; however, signatures were not consistently documented. For example, on 1/28/2025, two staff members did not sign the logbook for the midnight shift, and on 1/29/2025, one staff member did not sign the logbook for the day shift.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/9/2023, CAP dated 8/24/2023]

R 325.1964 Interiors.

(9) Ventilation shall be provided throughout the facility in the following manner:

(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.

(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 vents in the memory care housekeeping closet and the soiled utility closet lacked discernable air flow consistent with this rule.

REPEAT VIOLATION ESTABLISHED.

[For reference, see LSR dated 8/9/2023, CAP dated 8/24/2023]

R 325.1968 Toileting and bathing facilities.

(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.

Observation of the assisted living spa room revealed storage of kick plates for the doors on the floor, along with other small boxes and a large scale.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

Review of the January 2026 dishwasher temperature log revealed that the log was incomplete. Specifically, documentation was inconsistent, with temperatures recorded three times per day on some dates, once per day on other dates, and not recorded at all on certain dates. Interview with Employee #7 revealed that staff were required to document dishwasher temperatures twice daily.

VIOLATION ESTABLISHED.

R 325.1976 Kitchen and dietary.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

Observations in Room 1036 revealed that the freezer thermometer was not functioning and that no thermometer was present in the refrigerator. Additionally, observations in Room 1008 revealed that the freezer lacked a thermometer.

VIOLATION ESTABLISHED.

R 325.1979 General maintenance and storage.

(3) Hazardous and toxic materials shall be stored in a safe manner.

Observations of the memory care kitchen and activity area cupboards revealed that hazardous and toxic chemicals, including bleach, Ultimate Sanitizer, and disinfectant, were stored in unlocked cupboards. These items were not secured as required; however, they were promptly removed from the area and subsequently stored in a locked room.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, the status of this license will remain unchanged.



02/03/2026

Date

Licensing Consultant