GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 4, 2026

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

RE: License #: AH630285481
Waltonwood at Main
1401 Rochester Rd.
Rochester Hills, MI 48307

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 of the home for the aged authorized representative and a date.

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) 335-5985.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AH630285481 |
| | |
| **Licensee Name:** | Waltonwood at Main, LLC |
| | |
| **Licensee Address:** | 7125 Orchard Lake Rd., Suite 200<br>West Bloomfield, MI 48325 |
| | |
| **Licensee Telephone #:** | (248) 865-1600 |
| | |
| **Authorized Representative:** | Steven Tyshka |
| | |
| **Administrator:** | Jonathan Hills |
| | |
| **Name of Facility:** | Waltonwood at Main |
| | |
| **Facility Address:** | 1401 Rochester Rd.<br>Rochester Hills, MI 48307 |
| | |
| **Facility Telephone #:** | (248) 601-7600 |
| | |
| **Original Issuance Date:** | 10/04/2006 |
| | |
| **Capacity:** | 114 |
| | |
| **Program Type:** | AGED<br>ALZHEIMERS |
| | |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2026

Date of Bureau of Fire Services Inspection if applicable: 06/17/2025

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 05/04/2026

No. of staff interviewed and/or observed 21
No. of residents interviewed and/or observed 52
No. of others interviewed 0 Role

- 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were 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 compliance not verified.
- Number of excluded employees followed up? 0 N/A ☐

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| | |
|---|---|
| This facility was found to be in non-compliance with the following public health code statute and administrative rules regulating home for the aged facilities: | |
| **MCL 333.20173a** | **Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.** |
| | **(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), a staffing agency or covered facility that has made a good faith offer of employment or an independent contract or clinical privileges to the applicant shall make a request to the department of state police to conduct a criminal history check on the applicant, to input the applicant's fingerprints into the automated fingerprint identification system database, and to forward the applicant's fingerprints to the Federal Bureau of Investigation…** |
| Employee 1's hire date provided by the facility was 7/7/21. Employee 1's file contained a consent to complete a background check that corresponded with her hire date, however there was no evidence that her fingerprinting was conducted at that time. Upon review of the license's workforce background check account, Employee 1's fingerprint date was 7/1/25, several years after she was hired. The administrator reported that Employee 1 has not had a break in employment and has worked at the facility continuously since 2021. | |
| **R 325.1921** | **Governing bodies, administrators, and supervisors.** |
| | **(1) The owner, operator, and governing body of a home shall do all of the following:**<br>**(b) Assure that the home maintains an organized program to provide room and board, protection,** |

| | |
|---|---|
| | **supervision, assistance, and supervised personal care for its residents.** |
| The owner, operator, governing body did not assure that the home maintains an organized program of protection to its residents as evidenced by the following:<br><br>I observed Resident A having a bedside assistive device with a curved support bar that slid underneath the Resident's mattress. The device was not adequately secured to the bed frame and could easily slide out. The facility lacked physician's orders for the devices directing its purpose and authorization for use and the device was not addressed in the resident's service plans. The administrator reported that the resident's family must have recently brought the device in and that it was not authorized by the facility or physician.<br><br>The lack of a reasonably organized program of protection related to these devices place staff at a disadvantage when attempting to meet the safety needs of residents and does not reasonably protect residents from the possibility of unnecessary entrapment and/or entanglement injury or death associated with such devices. | |
| **R 325.1932** | **Resident's medications.** |
| | **(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.**<br><br>**(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:**<br><br>**(b) Complete an individual medication log that contains all of the following information:**<br><br>**(v) The initials of the individual who administered the prescribed medication.** |

Medication administration records (MAR) were reviewed for the previous seven weeks. The following observations were made:

Resident A is prescribed midodrine and instructed to “take 1 tablet by mouth 3 times a day *hold for SBP greater than 130*”. Staff documented that Resident A’s systolic blood pressure was greater than 130 on 3/3/26 (evening dose), 3/6/26 (evening dose), 3/11/26 (afternoon and evening dose), 3/12/26 (morning dose), 3/19/26 (afternoon and evening dose), 3/21/26 (evening dose), 3/22/26 (evening dose), 3/24/26 (evening dose), 3/25/26 (evening dose), 3/26/26 (evening dose), 4/2/26 (morning and afternoon dose), 4/4/26 (morning dose), 4/9/26 (evening dose), 4/11/23 (evening dose), 4/12/26 (evening dose), 4/17/26 (evening dose) and 4/22/26 (evening dose); however staff documented that they administered the medication in all the above instances. For the same medication, staff documented that it was not administered on 4/3/26 (evening dose), 4/5/26 (afternoon dose), 4/12/26 (afternoon dose), 4/17/26 (afternoon dose), 4/19/26 (afternoon dose) and 4/21/26 (afternoon dose), but did not record what the blood pressure was in order to confirm that it was out of range.

Resident B missed a scheduled dose of acidophilus, carvedilol, donepezil, ezetimibe, melatonin, memantine, Mucinex, Seroquel, rosuvastatin and tamsulosin on 3/13/26. The MAR was blank and staff failed to document the reason for the missed medications. The administrator reported that he believed all medication to be administered, but that the staff did not document it.

Resident C missed a scheduled dose of melatonin, metoprolol and rosuvastatin on 3/13/26. The MAR was blank and staff failed to document the reason for the missed medications. The administrator reported that he believed all medication to be administered, but that the staff did not document it.

Resident D was noted to be hospitalized from around 5:30pm on 4/17/26 and returned to the facility around noon on 4/18/26. Staff documented that Resident D received a dose of menthol zinc ointment on 4/18/26 between 12:00am-6:59am when she was not present at the facility. This is considered a documentation error.

Resident E was observed to have over the counter medication in her apartment. The administrator confirmed that Resident E requires staff assistance with medication administration and the medications should not have been in her possession.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license.

05/04/2026

_____

Elizabeth Gregory-Weil Date
Licensing Consultant