



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 21, 2017

Kathryn Simpson
Progressive Lifestyles Inc.
Suite 11A
6600 Highland Rd.
Waterford, MI 48327

RE: License #: AS630067505
Lochaven CLF
556 Lochaven
Waterford, MI 48327

Dear Ms. Simpson:

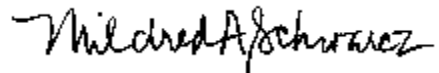
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Mildred A. Schwarcz". The signature is written in a cursive, slightly slanted style.

Mildred A. Schwarcz, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-3967

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

I. IDENTIFYING INFORMATION

License #:	AS630067505
Licensee Name:	Progressive Lifestyles Inc.
Licensee Address:	Suite 11A 6600 Highland Rd. Waterford, MI 48327
Licensee Telephone #:	(248) 563-5390
Licensee/Licensee Designee:	Kathryn Simpson, Designee
Administrator:	John Williams
Name of Facility:	Lochaven CLF
Facility Address:	556 Lochaven Waterford, MI 48327
Facility Telephone #:	(248) 682-6396
Original Issuance Date:	11/16/1995
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/30/2017

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 03/20/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Conducted standard worksheet inspection
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
CAP dated 08/03/2017 as305(3), as312(1), CAP daated 02/14/2017 as308(1),
CAP dated 12/20/2016 as303(2), as305(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

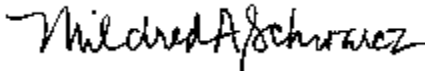
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 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: (e) Verification of experience, education, and training. (h) Medical information, as required.
	I reviewed record of staff Angela C and I did not find a copy of the statement from a licensed physician or designee attesting to her physical health. I did not find verification that staff Angela C completed all her required training.
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.
	Written resident care agreements for three residents did not contain the signature of the responsible agency.

IV. RECOMMENDATION

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

 09/21/2017

Mildred A. Schwarcz
Licensing Consultant

Date