



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2023

Callen Fillio
Progressive Lifestyles Inc
Suite 150
1370 North Oakland Blvd
Waterford, MI 48327

RE: License #: AS630012724
Oakwood AIS/MR Group Home
832 W Oakwood
Oxford, MI 48371

Dear Ms. Fillio:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630012724
Licensee Name:	Progressive Lifestyles Inc
Licensee Address:	Suite 150 1370 North Oakland Blvd Waterford, MI 48327
Licensee Telephone #:	(248) 807-2705
Licensee/Licensee Designee:	Callen Fillio
Administrator:	Jennifer Bohan
Name of Facility:	Oakwood AIS/MR Group Home
Facility Address:	832 W Oakwood Oxford, MI 48371
Facility Telephone #:	(248) 820-9274
Original Issuance Date:	N/A
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 05/16/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
 - 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: N/A
 - Number of excluded employees followed-up? N/A
 - Variances? Yes (please explain) No N/A
- AS315 (3) Funds Part II form

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



06/01/2023

Frodet Dawisha
Licensing Consultant

Date