



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 26, 2023

Meaghan Hall
Progressive Lifestyles Inc
Suite 150
1370 North Oakland Blvd
Waterford, MI 48327

RE: License #: AS630260392
High Meadow CLF
29455 Highmeadow
Farmington Hills, MI 48334

Dear Meaghan Hall:

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 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 #:	AS630260392
Licensee Name:	Progressive Lifestyles Inc
Licensee Address:	Suite 150 1370 North Oakland Blvd Waterford, MI 48327
Licensee Telephone #:	(248) 742-1378
Licensee/Licensee Designee:	Meaghan Hall
Administrator:	Jennifer Bohne
Name of Facility:	High Meadow CLF
Facility Address:	29455 Highmeadow Farmington Hills, MI 48334
Facility Telephone #:	(248) 842-2332
Original Issuance Date:	01/27/2004
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

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.
Did not occur during inspection
 - 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
- 315 (3) Funds part II form

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the on-site inspection on 07/18/2023, direct care staff Freeda Reynolds did not have a statement that is signed by a licensed physician attesting to the knowledge of her physical health within 30 days of her hire date of 01/10/2018.

IV. RECOMMENDATION

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



07/26/2023

Frodet Dawisha
Licensing Consultant

Date