



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 29, 2024

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

RE: License #: AS630296962  
**Bigelow CLF**  
**10539 Bigelow**  
**Davisburg, MI 48350**

Dear Meaghan Hall:

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 are 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  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630296962
<b>Licensee Name:</b>	Progressive Lifestyles Inc
<b>Licensee Address:</b>	Suite 150 1370 North Oakland Blvd Waterford, MI 48327
<b>Licensee Telephone #:</b>	(248) 842-2332
<b>Licensee/Licensee Designee:</b>	Meaghan Hall
<b>Administrator:</b>	Jennifer Bohan
<b>Name of Facility:</b>	Bigelow CLF
<b>Facility Address:</b>	10539 Bigelow Davisburg, MI 48350
<b>Facility Telephone #:</b>	(248) 842-2332
<b>Original Issuance Date:</b>	08/29/2008
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/17/2024

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

Date of Health Authority Inspection if applicable: 01/22/2024

No. of staff interviewed and/or observed 2

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
- AS315 (3) Funds Part II

### 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.



01/29/2024

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Frodet Dawisha  
Licensing Consultant

Date