

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 30, 2025

Ashley Jennings Progressive Lifestyles Inc Suite 150 1370 North Oakland Blvd Waterford, MI 48327

RE: License #: AS630064520

Garretson CLF 5515 Garretson Oxford, MI 48371

Dear Ashley Jennings:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 972-9136.

Sincerely,

Frodet Dawisha, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd., Ste 9-100

Frodet Navisha

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 #:	AS630064520
Licensee Name:	Progressive Lifestyles Inc
Licensee Address:	Suite 150
2.001.0007.444.0001	1370 North Oakland Blvd
	Waterford, MI 48327
	(0.10) 7.10 1070
Licensee Telephone #:	(248) 742-1378
Licensee/Licensee Designee:	Ashley Jennings
Licensed Designee.	/ torney commige
Administrator:	Jennifer Bohne
Name of Facility:	Garretson CLF
Facility Address:	5515 Garretson
Tuelity Address.	Oxford, MI 48371
	,
Facility Telephone #:	(248) 875-4033
Original January & Batas	04/02/4005
Original Issuance Date:	04/03/1995
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED
<u> </u>	MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/29/2	025
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		03/25/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: licensee	designe	2 4 ee
•	Medication pass / simulated pass observed?	Yes 🛚	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	′es ⊠ No □ If no, explain
•	Resident funds and associated documents reviews No If no, explain. Meal preparation / service observed? Yes did not occur during inspection Fire drills reviewed? Yes No If no, explain.]No ⊠	
•	Fire safety equipment and practices observed	d? Yes	No ☐ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• ,	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expla	ain.
•	Corrective action plan compliance verified? `N/A ⊠	Yes 🗌	CAP date/s and rule/s:
•	Number of excluded employees followed-up?	>	N/A ⊠
•	Variances? Yes ⊠ (please explain) No ☐ 315 (3) Funds Part II form- electronic	N/A 🗌	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

During the on-site inspection on 07/29/2025, Resident A's family purchased over-the-counter dietary supplements; Probiotic, Vitamin C, and Multi-vitamin to be given to Resident A that were not prescribed by a licensed physician.

R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

During the on-site inspection on 07/29/2025, there were mice droppings observed in the kitchen cabinet near the stove.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the on-site inspection on 07/29/2025, The kitchen floor, cabinets, and drawers were observed to have food debris.

R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

During the on-site inspection on 07/29/2025, the siding in the back of the home on the deck is cracked and the siding is missing.

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the on-site inspection on 07/29/2025, bedroom #2 had rust stains on the floor and the hallway bathroom had urine stains around the front of the toilet on the floor.

A corrective action plan was requested and approved on 07/29/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented at the specified time, it may be necessary to re-evaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

07/30/2025

Frodet Dawisha

Date

Licensing Consultant

Grodet Davisha