



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 30, 2025

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

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

Dear Callen Fillio:

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) 972-9136.

Sincerely,

A handwritten signature in dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd.  
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**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS630067505   |
| <b>Licensee Name:</b>              | Progressive Lifestyles Inc                                  |
| <b>Licensee Address:</b>           | Suite 150<br>1370 North Oakland Blvd<br>Waterford, MI 48327 |
| <b>Licensee Telephone #:</b>       | (248) 742-1378  |
| <b>Licensee/Licensee Designee:</b> | Callen Fillio   |
| <b>Administrator:</b>              | Jennifer Bohne  |
| <b>Name of Facility:</b>           | Lochaven CLF  |
| <b>Facility Address:</b>           | 556 Lochaven<br>Waterford, MI 48327                         |
| <b>Facility Telephone #:</b>       | (248) 666-1365  |
| <b>Original Issuance Date:</b>     | 11/16/1995  |
| <b>Capacity:</b>                   | 5   |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL                    |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2025

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

Date of Health Authority Inspection if applicable: 03/24/2025

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 ☐

315 (3) Funds Part II Form

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

|                    |   |
|--------------------|---|
| <b>R 400.14407</b> | <b>Bathrooms.</b>   |
|                    | <b>(6) At least 1 bathing facility that is available for resident use shall be provided on each floor that has resident bedrooms.</b> |

During the on-site inspection on 06/26/2025, there was only a half-bathroom on the main floor that had two bedrooms utilized by Resident A and Resident B.

### IV. RECOMMENDATION

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



06/30/2025

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Frodet Dawisha  
Licensing Consultant

Date