



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 19, 2021

Ashley Jennings
Progressive Lifestyles Inc
Suite 11A
6600 Highland Rd
Waterford, MI 48327

RE: License #: AS630012392
Potter Road House
2669 Potter Road
Wixom, MI 48393

Dear Ms. 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 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 dark ink that reads "Frodet Dawisha". The signature is written in a cursive style with a prominent initial 'F'.

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

License #:	AS630012392
Licensee Name:	Progressive Lifestyles Inc
Licensee Address:	Suite 11A 6600 Highland Rd Waterford, MI 48327
Licensee Telephone #:	(248) 666-4136
Licensee/Licensee Designee:	Ashley Jennings
Administrator:	Jennifer Bohne
Name of Facility:	Potter Road House
Facility Address:	2669 Potter Road Wixom, MI 48393
Facility Telephone #:	(248) 666-4136
Original Issuance Date:	05/21/1984
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/15/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

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.
Meal preparation 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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 07/15/2021, I reviewed Resident A's medications and medication logs and found the following errors:

- **Ketoconazole Shampoo 2%:** apply to scalp every other day for five minutes then rinse was not applied as prescribed. Staff were skipping an additional day in July 2020, May 2021 and July 2021.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the on-site inspection on 07/15/2021, I reviewed Resident A's medications and medication logs and found the following errors:

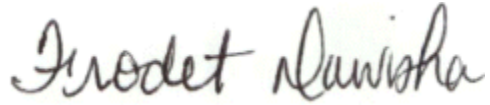
- Milk of Magnesium 30ML: give 30ML by peg tube on the third of no bowel movement was given on 11/23/2020 and 11/26/2020, but staff did not initial the medication log.

REPEAT VIOLATION: Licensing Study Report dated 08/19/2019 and CAP dated 08/19/2019

A corrective action plan was requested and approved on 07/15/2021. 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 in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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



07/19/2021

Frodet Dawisha
Licensing Consultant

Date