



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 2, 2021

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

RE: License #: AS630293004
Woodbrook Group Home
30961 Sturbridge
Farmington Hills, MI 48331

Dear Mrs. Jennings:

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 dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

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 #:	AS630293004
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:	Woodbrook Group Home
Facility Address:	30961 Sturbridge Farmington Hills, MI 48331
Facility Telephone #:	(248) 666-4136
Original Issuance Date:	04/16/2008
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/19/2021

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 2

No. of residents interviewed and/or observed 6

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.
- 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.
	<p>(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:</p> <ul style="list-style-type: none">(b) Complete an individual medication log that contains all of the following information:<ul style="list-style-type: none">(i) The medication.(ii) The dosage.(iii) Label instructions for use.(iv) Time to be administered.(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection on 07/19/2021, I reviewed Resident A's and Resident B's medications and medication logs and found the following errors:

- Resident A's **Memantine HC 10MG TAB HCL**: take one tablet by mouth twice a day was given on 03/20/2021 at 8PM, but staff did not initial the medication log.
- Resident A's **Vitamin D 100 IU TAB**: take two tabs by mouth daily was not on the medication log and was given from 07/01/2021-07/19/2021, but staff did not initial the medication log.
- Resident B's **Fluticasone 50MG**: use one spray in each nostril two times daily was given on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Ammonium Lac 12%**: apply two times daily to hand and feet was applied on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Benzoyl 5% Wash Liquid**: apply every morning to face was applied on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Clindamycin 1%**: apply to right cheek two time daily was applied on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Oxybutynin TAB 15MG ER**: take one tablet by mouth twice a day was given on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Nystatin Cre 100000**: apply to feet and in between toes twice a day was applied on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Baclofen TAB 10MG**: take one tablet by mouth three times a day was given on 07/08/2021 at 4PM and 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Quetiapine TAB 100MG**: take one tablet by mouth twice a day was given on 07/10/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Clonidine TAB 0.2MG**: take one tablet by mouth daily in the afternoon was given on 07/08/2021 at 4PM, but staff did not initial the medication log.
- Resident B's **Suprep Bowel Pret SOL Prep Kit**: take 354ML by oral route was never given but staff initialed the medication log on 07/09/2021, 07/11/2021-07/19/2021. This medication is only given prior to the colon procedure.
- Resident B's **Polyeth GLYC POW 3350NF**: mix 17G in eight ounces of liquid and drink daily was given on 07/09/2021, 07/11/2021-07/19/2021 at 8AM, but staff did not initial the medication log.
- Resident B's **Metamucil POW 28% ORNG**: mix one packet in liquid and drink daily was given on 07/09/2021, 07/11/2021-07/19/2021 at 8AM, but staff did not initial the medication log.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
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	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
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During the onsite inspection on 07/19/2021, I reviewed the emergency and evacuation procedures and there were no sleep evacuation procedures conducted during the fourth quarter in 2020 and the first quarter in 2021.

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection on 07/19/2021, the shower tile in bathroom #2 was broken.

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

During the onsite inspection on 07/19/2021, the dressers located in bedroom #3 and bedroom #4 were broken as was the closet handle in bedroom #4.

IV. RECOMMENDATION

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

Frodet Dawisha

08/02/2021

Frodet Dawisha
Licensing Consultant

Date