



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 26, 2022

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

RE: License #: AS630408169
Maureen Lane
3551 Maureen Ln
Davisburg, MI 48350

Dear Mrs. Jennings:

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 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 cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
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

License #:	AS630408169
Licensee Name:	Progressive Lifestyles Inc
Licensee Address:	Suite 11A 6600 Highland Rd Waterford, MI 48327
Licensee Telephone #:	(248) 666-1365
Licensee/Licensee Designee:	Ashley Jennings
Administrator:	Kathryn Simpson
Name of Facility:	Maureen Lane
Facility Address:	3551 Maureen Ln Davisburg, MI 48350
Facility Telephone #:	(248) 820-9274
Original Issuance Date:	04/29/2022
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/26/2022

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

Date of Health Authority Inspection if applicable: 03/23/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: licensee designees

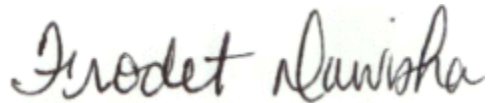
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
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
Rule 400.14315 (3) Progressive Lifestyles requested to use a substitute form that they can access on their computers.

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.



10/26/2022

Frodet Dawisha
Licensing Consultant

Date