



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 29, 2023

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

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

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2023

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

Date of Health Authority Inspection if applicable: 06/28/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee

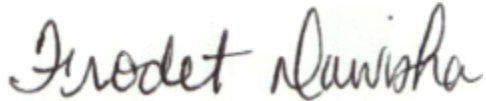
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
 - Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
 - Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
 - Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
There were no residents present during this 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



06/29/2023

Frodet Dawisha
Licensing Consultant

Date