



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 28, 2024

Meaghan Hall  
Progressive Lifestyles Inc  
Suite 150  
1370 North Oakland Blvd  
Waterford, MI 48327

RE: License #: AS630012777  
**Tamarack CLF**  
**6850 Tamarack**  
**Holly, MI 48442**

Dear Meaghan Hall:

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.
- An on-site inspection will be conducted.

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 cursive script that reads "Frodet Dawisha".

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>	AS630012777
<b>Licensee Name:</b>	Progressive Lifestyles Inc
<b>Licensee Address:</b>	Suite 150 1370 North Oakland Blvd Waterford, MI 48327
<b>Licensee Telephone #:</b>	(248) 933-7392
<b>Licensee/Licensee Designee:</b>	Meaghan Hall
<b>Administrator:</b>	Jennifer Bohne
<b>Name of Facility:</b>	Tamarack CLF
<b>Facility Address:</b>	6850 Tamarack Holly, MI 48442
<b>Facility Telephone #:</b>	(248) 634-0433
<b>Original Issuance Date:</b>	12/15/1992
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/28/2024

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

Date of Health Authority Inspection if applicable: 01/09/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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   
AS315 (3) Funds Part II electronic form

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the on-site inspection on 03/28/2024, direct care staff Haley D'Autremont did not have a statement signed by a licensed physician attesting to the physician's knowledge of her physical health at the time of her rehire date 07/23/2024.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (i) The medication. (ii) The dosage. (iii) Label instructions for use.

During the on-site inspection on 03/28/2024, I reviewed Resident A's medications and medication logs and found the following error:

- **Ibuprofen/Motrin 600MG**: take one tablet by mouth daily for pain as needed was not transcribed on the medication log for March 2024; no medication name, no dosage, and no label instructions for use.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

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During the on-site inspection on 03/28/2024, the basement floor is crumbling and there is mold on the walls.

<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.

During the on-site inspection on 03/28/2024, the sliding door that is used as a mean of egress does not open properly as the sliding door gets stuck.

A corrective action plan was requested and approved on 03/28/2024. 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.



03/28/2024

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Frodet Dawisha  
Licensing Consultant

Date