

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 15, 2022

Charles Phillips Phillips Manor Room and Board 16215 Ferguson St. Detroit, MI 48235

> RE: License #: AS820407878 Phillips Manor Room and Board 16215 Ferguson St. Detroit, MI 48235

Dear Mr. Phillips:

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:

• An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

K. Robinson, LMSW, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-0574

### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

## I. IDENTIFYING INFORMATION

License #:	AS820407878
Licensee Name:	Phillips Manor Room and Board
Licensee Address:	16215 Ferguson St. Detroit, MI 48235
Licensee Telephone #:	(313) 303-6177
Licensee/Licensee Designee:	Charles Phillips, Designee
Administrator:	Charles Phillips
Name of Facility:	Phillips Manor Room and Board
Facility Address:	16215 Ferguson St. Detroit, MI 48235
Facility Telephone #:	(313) 340-2536
Original Issuance Date:	11/03/2021
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Insp	ection Type:	<ul> <li>Interview and Observation</li> <li>Combination</li> </ul>	n 🔄 Worksheet 🔄 Full Fire Safety
No.	of staff interviewed and/ of residents interviewed of others interviewed		0 0
•	No residents in care.	ated pass observed? Yes C	
•	Yes 🗌 No 🖂 If no, ex	cociated documents reviewed cplain. ice observed? Yes 🗌 No 🔀	
•	Fire drills reviewed? Ye	es 🗌 No 🛛 If no, explain.	
•	Fire safety equipment a	nd practices observed? Yes	🗌 No 🔀 If no, explain.
•	If no, explain.	oecial Certification Only) Yes ecked? Yes	
•	Incident report follow-up	o? Yes 🗌 No 🖂 If no, expl	ain.
•	Corrective action plan o N/A ⊠ Number of excluded en	compliance verified? Yes 🗌	CAP date/s and rule/s: N/A 🖂
•	Variances? Yes 🗌 (ple	ease explain) No 🗌 N/A 🛛	]

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

MCL 400.713 License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

> (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(a) The financial stability of the facility.

(b) The applicant's compliance with this act and rules promulgated under this act.

(c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.

(d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.

(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the

# daily operation of the facility shall be not less than 18 years of age.

The licensee has not obtained residents in care since the issuance of the original licensee; therefore, the department was not able to complete a record review.

A corrective action plan was requested and approved on 06/08/2022. 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

I recommend modification of the current status of the license to provisional.

K. Robinson

06/15/22

Kara Robinson Licensing Consultant Date