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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 25, 2025

Elizabeth Phillips 18991 Fenmore Detroit, MI 48235

RE: License #: AF820336680

Phillips CTH 18991 Fenmore Detroit, MI 48235

#### Dear Elizabeth 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:

You are to submit a Statement of Correction.

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) 456-0439.

Sincerely,

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029

Regina Buchanon

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

#### I. IDENTIFYING INFORMATION

**License #:** AF820336680

Licensee Name: Elizabeth Phillips

**Licensee Address:** 18991 Fenmore

Detroit, MI 48235

**Licensee Telephone #:** (313) 538-4561

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Phillips CTH

Facility Address: 18991 Fenmore

Detroit, MI 48235

**Facility Telephone #:** (313) 538-4561

Original Issuance Date: 02/12/2013

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

## **II. METHODS OF INSPECTION**

Date of	On-site Inspection(s):		08/25/20	025
Date of	Bureau of Fire Services	Inspection if appli	cable:	N/A
Date of	Health Authority Inspect	tion if applicable:		N/A
No. of re	aff interviewed and/or o esidents interviewed and thers interviewed			2 0
• Med	dication pass / simulated	d pass observed?	Yes ⊠	No ☐ If no, explain.
• Med	dication(s) and medicati	on record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.
<ul><li>Yes</li><li>Mea</li><li>Res</li></ul>	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain.  Meal preparation / service observed? Yes No If no, explain.  Residents are fed by tube  Fire drills reviewed? Yes No I f no, explain.			
• Fire	safety equipment and រ	practices observed	d? Yes	⊠ No □ If no, explain.
If no	cores reviewed? (Specia o, explain. ter temperatures checke		• /	
• Cor 08/	dent report follow-up? Note rective action plan comp 15/2023 Rules: 407(6),4 nber of excluded employ	pliance verified? \ 16(1),418(4),42(3	res ⊠ ( ),426(1)	CAP date/s and rule/s:
• Var	iances? Yes 🗌 (please	e explain) No 🗌	N/A 🖂	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

#### R 400.1416 Resident healthcare.

(3) A licensee shall record the weight of a resident on admission and then monthly after that. Weight records must be maintained for 2 years.

Resident A's weight was not recorded monthly. There were no weight records on file.

#### R 400.1418 Resident medications.

- (4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:
- (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

Resident A's medication log sheets were not filled out and maintained accurately. The July 2025 medication log was not initialed as administered after 07/18/2025. The August 2025 medication log was pre-filled with initials until 08/31/2025. There were no medication log sheets on file for the months of May 2025 and June 2025.

### **REPEAT VIOLATION (RENEWAL INSPECTION 08/02/2023)**

#### R 400.1421 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Resident A's Funds Part II form was not completed and maintained. There was none on file.

# REPEAT VIOLATION {RENEWAL INSPECTION 08/02/2023 AND 08/02/2021}

R 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

The rear ramp handrail was broken and loose.

The upstairs bedroom was not equipped with a fire extinguisher.

Verification of annual furnace inspection could not be located.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

08/25/2025

Date

Regina Buchanan Licensing Consultant

Regina Buchanon