

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 19, 2025

Charles Leonard
Phoenix Residential Services Inc
PO Box 431034
Pontiac, MI 48341

RE: License #: AS630012331

Leonard Home

127 Franklin Boulevard Pontiac, MI 48341

Dear Charles Leonard:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 972-9136.

Sincerely,

Sara Shaughnessy, Licensing Consultant Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd. Ste 9-100

Detroit, MI 48202 (248) 320-3721

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

I. IDENTIFYING INFORMATION

License #: AS630012331

Licensee Name: Phoenix Residential Services Inc

Licensee Address: 102 Franklin Blvd

Pontiac, MI 48341

Licensee Telephone #: (248) 338-3743

Licensee/Licensee Designee: Charles Leonard

Administrator: Charles Leonard

Name of Facility: Leonard Home

Facility Address: 127 Franklin Boulevard

Pontiac, MI 48341

Facility Telephone #: (248) 335-7198

Original Issuance Date: 09/18/1977

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/05/20)25	
Date	e of Bureau of Fire Services Inspection if appl	icable:	NA	
Date	e of Environmental/Health Inspection if applica	able:	NA	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Home m	anager	2 3	
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 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. The onsite inspection did not take place during a mealtime. An adequate supply of food was observed. Fire drills reviewed? Yes No If no, explain.			
•	Fire safety equipment and practices observe	d? Yes [⊠ No If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	•,	_	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.	
•	Corrective action plan compliance verified? 08/08/2023; R400.14203, R 400.14312, R 40 Number of excluded employees followed-up?	0.14408		
•	Variances? Yes ☐ (please explain) No ☒	N/A 🗌		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 330.1803	Facility environment; fire safety.
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.
electrical contrac	e inspection, there were not any inspection records from a licensed ctor for the smoke detection system. Furthermore, one of the smoke eeping due to low battery.
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
Resident B was	missing an assessment plan for the years 2024 and 2025.
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Resident B's last n	nonthly weight record was for 02/25/2024.
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
Resident B has a pmedication was no	prescription for Rexulti 3mg tablets, one by mouth, daily. This of in the home.
R 400.14316	Resident records.
	(1) A licensee shall complete, and maintain in the home, a separate
	record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
	(a) Identifying information, including, at a minimum, all of the following:
	(i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address.
	(iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
	(vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance.
	(viii) Funeral provisions and preferences. (ix) Resident's religious preference
	information.
	esident B were both missing information regarding funeral resident information record.
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperature in the kitchen measured 124 degrees. The water temperature in the upstairs bathroom measured 127 degrees. The water in the upstairs bathroom measured 130 degrees.

R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

There was no nonskid surfacing installed in the bath areas.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Date

08/19/2025

Sara Shaughnessy

Licensing Consultant