

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 2, 2025

Frederick Lagman
Pheo Senior Residence, LLC
45350 W 10 Mile
Novi, MI 48375

RE: License #: AS630418113

Pheo Senior Residence, LLC

45350 W 10 Mile Novi, MI 48375

#### Dear Frederick Lagman:

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.

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

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 #:	AS630418113		
	Di o i D il II o		
Licensee Name:	Pheo Senior Residence, LLC		
Licensee Address:	45350 W 10 Mile		
	Novi, MI 48375		
Licensee Telephone #:	734-516-9187		
Licensee/Licensee Designee:	Frederick Lagman		
Administrator:			
Name of Facility:	Pheo Senior Residence, LLC		
Facility Address:	45350 W 10 Mile Novi, MI 48375		
Facility Telephone #:	(734) 846-9552		
Original Issuance Date:	05/28/2024		
Capacity:	6		
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED		

### II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/02/20	025	
Date	e of Bureau of Fire Services Inspection if appl	icable:	NA	
Date	e of Health Authority Inspection if applicable:	1	NA	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		3 4	
•	Medication pass / simulated pass observed?	Yes 🛚	No ☐ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Yo	es 🛭 No 🗌 If no, explain.	
•	Yes No I 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 i	no, expla	in.	
•	Corrective action plan compliance verified? \\ 01/21/2025; MCL 400.713, R400.14403 N/A \\ Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠	
•	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 400.14318	Emergency preparedness; evacuation plan; emergency transportation.			
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.			

There are no fire drills documented for the first and second quarters of 2025 during sleeping hours.

#### IV. RECOMMENDATION

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

07/02/2025

Sara Shaughnessy

Licensing Consultant

Date