

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 8, 2020

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

RE: License #: AS630316168

Bloomfield Home 136 Bloomfield

Bloomfield Twp., MI 48302

Dear Ms. 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) 975-5053.

Sincerely,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342 (248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AS630316168

Licensee Name: Phoenix Residential Services Inc

Licensee Address: 102 Franklin Blvd

Pontiac, MI 48341

Licensee Telephone #: (248) 338-3743

Licensee Designee: Demetra Leonard

Administrator: Demetra Leonard

Name of Facility: Bloomfield Home

Facility Address: 136 Bloomfield

Bloomfield Twp., MI 48302

Facility Telephone #: (248) 338-3743

Original Issuance Date: 03/28/2012

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(10/05/2020				
Date	Date of Bureau of Fire Services Inspection if applicable: 10/05/2020					
Date of Health Authority Inspection if applicable: N/A						
Insp	pection Type:	☐ Interview and Observation☐ Combination	☐ Worksheet☐ Full Fire Safety			
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role: N/A						
•	Medication pass / simu	ulated 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. There were no residents home at the time the on-site inspection was conducted. Fire drills reviewed? Yes No If no, explain.					
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ 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. There were no incident reports to follo-up on. Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A					
•	Number of excluded e	mployees followed-up?	N/A 🖂			
•	Variances? Yes ☐ (p	lease explain) No ☐ N/A 🏻				

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Resident B's insulin was stored in the refrigerator without being contained in a locked box.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A is prescribed Clozapine 100 mg 4 tabs at bedtime. On 10/4/2020 Resident A only received 2 tabs of Clozapine 100 mg at bedtime.

R 400.14403 Maintenance of premises.

- (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
- The blinds on the window in bedroom #1 were broken.
- The blinds on the window in bedroom #3 were broken.
- The cabinet doors were missing from the bathroom vanity in bedroom #3.
- The closet door was broken in bedroom #3.

IV. RECOMMENDATION

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

Cindy Ben	10/8/2020
Cindy Berry	Date