

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

August 5, 2021

Elizabeth Phillips 18991 Fenmore Detroit, MI 48235

RE: License #: AF820336680

Phillips CTH 18991 Fenmore Detroit, MI 48235

Dear Mrs. 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) 456-0380.

Sincerely.

Regina Buchanan, Licensing Consultant Bureau of Community and Health Systems

Regina Buchanon

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3029 www.michigan.gov/lara • 517-335-1980

# 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	Pate of On-site Inspection(s):		08/02/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: N/A				
Insp	ection Type:	☐ Interview and Obe	servatior	n ⊠ 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 $oximes$ No $oximes$ If no, explain			
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  Residents had eaten  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ 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-u	ıp? Yes⊠ No 🗌 If	no, expla	ain.
•	N/A 🗌	·		CAP date/s and rule/s:
•	Number of excluded e	_		N/A 🗵
•	Variances? Yes ☐ (p	lease explain) No	$N/A \times $	

#### 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.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:
- (a) Improve the score to at least the "slow" category.
- (b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

Evacuation assessments were not completed for the year 2020.

#### 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 had not been updated since the year 2019.

Rule 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

The Resident Care Agreement was not completed annually. Resident A did not have one for the year 2020.

R 400.1426 Maintenance of premises.

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

The front ramp was taped off and unusable due to needing repairs and the handrail for the rear ramp was loose in some areas.

#### IV. RECOMMENDATION

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

Date

Licensing Consultant