



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 16, 2022
Charles Leonard
Phoenix Residential Services Inc
PO Box 431034
Pontiac, MI 48341

RE: License #: AS630368424
Liza Home
1253 Liza Blvd
Pontiac, MI 48342

Dear Mr. Leonard:

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 documentation of compliance.
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The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

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|------------------------------------|--|
| License#: | AS630368424 |
| 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: | Liza Home |
| Facility Address: | 1253 Liza Blvd Pontiac, MI 48342 |
| Facility Telephone #: | (248) 276-4719 |
| Original Issuance Date: | 04/13/2016 |
| Capacity: | 4 |
| Program Type: | MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/15/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- Medication pass / simulated 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.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SI CAP Approved 04/02/22; 312(4)(b), 312(2)
- LSR CAP Approved 10/22/20; 301(10), 301(4), 310(3), 205(4), 203(1)
- LSR CAP Approved 10/18/18; 312(1), 312(4)(b), 403(1) N/A ☐
- Number of excluded employees followed-up? 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 400.14301 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.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 10/22/20

Resident A was admitted into the AFC group home on or about 10/05/20. However, an initial assessment plan was not completed for Resident A. Resident B was admitted on 08/01/22 however; his assessment plan was not completed until 08/10/22.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. resident as indicated in the resident's written assessment plan and health care appraisal.

Resident A was admitted into the AFC group home on or about 10/05/20. However, an initial resident care agreement was not completed for Resident A. Resident B was admitted on 08/01/22 however; his resident care agreement was not completed until 08/10/22.

R 400.14312 Resident medications.

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

REPEAT VIOLATION ESTABLISHED SI CAP APPROVED 04/02/22

During the onsite, Resident A's Bacitracin and Tudorzal Inhaler was not in the AFC group home. However, there were staff initials for both medications for the entire month as if the medications were being administered.

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

**REPEAT VIOLATION ESTABLISHED SI CAP APPROVED 04/02/22 AND LSR
CAP APPROVED 10/18/18**

During the onsite, Resident A's MAR was missing a staff initial on 09/13/22 for Quetiapine.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite, Resident A's Ammonium Lotion was observed to have expired on 02/02/22 and; his Gentamicin Cream expired on 07/12/20.

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.

The fire drills that were conducted during the first and second quarter of 2020, were missing the times the fire drills were completed for three months.

The fire drills that were conducted during the first and third quarter of 2021, were missing the times the fire drills were completed for two months.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The second door for egress does not have non-locking against egress hardware.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

The heating plant door does not close completely and/or does not have positive latching. Therefore, the door does not create a floor separation between the basement and the first floor.

R 330.1803

Facility environment; fire safety

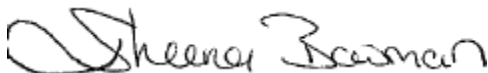
(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

The fire drills that were conducted during the first and second quarter of 2020, were missing the times the fire drills were completed for three months.

The fire drills that were conducted during the first and third quarter of 2021, were missing the times the fire drills were completed for two months.

IV. RECOMMENDATION

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



Sheena Bowman
Licensing Consultant

09/16/22

Date