



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 6, 2022

Carolyn Jones
Philip Place LLC
23929 Philip Drive
Southfield, MI 48075

RE: License #: AS630301760
Phillip Care LLC
23929 Philip
Southfield, MI 48075

Dear Ms. Jones:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #:	AS630301760
Licensee Name:	Philip Place LLC
Licensee Address:	23929 Philip Drive Southfield, MI 48075
Licensee Telephone #:	(313) 492-0886
Licensee/Licensee Designee:	Carolyn Jones
Administrator:	Carolyn Jones
Name of Facility:	Phillip Care LLC
Facility Address:	23929 Philip Southfield, MI 48075
Facility Telephone #:	(248) 277-0246
Original Issuance Date:	05/17/2010
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/07/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
There were no staff present during the onsite inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
I observed medications; however, medication records are not being maintained in the facility.
- 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 inspection did not occur during a meal time.
- 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.
There were no incident reports.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 01/2022- asec713(3), as103(4), as203(1)(a), as205(6), as401(2),
as402(3), as403(2), as403(5), as407(3), as408(7), as410(1)(d), and as410(4)
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 400.14103 Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(4) The current license, whether regular, provisional, or temporary, shall be posted in the home and shall be available for public inspection.

The license was not posted in the facility.

REPEAT VIOLATION ESTABLISHED: Reference LSR 01/20/2022. CAP 02/23/2022.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff Terrell Whitsey last TB test was completed on 08/16/2019. There was no verification he had a TB test within the last three-year period.

R 400.14206 Staffing requirements.

(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.

During the onsite investigation on 09/07/2022, I spoke with Latrina Edwards. Ms. Edwards stated she was not direct care staff. She acknowledged did not have formal training as a direct care staff. When I asked her title, she stated she did not have a title. She helps licensee designee Carolyn Jones. She did not provide details about the kind of help she provides Ms. Jones. Ms. Edwards also stated she acts as the marketing coordinator. I inquired about other direct care staff in the facility. Ms. Edwards stated staff Terrell Whitsey was at the facility 30 minutes prior to my arrival. She told him he could leave as she did not think he was needed during the inspection.

During the onsite, I observed that Resident A was present in the facility with no direct care staff. I informed Ms. Edwards I could not leave the facility without staff being present with the resident. Ms. Edwards contacted Mr. Whitsey, but he stated he was unable to return to the facility. After being in the facility for about one and a half hours later, Ms. Edwards stated she was going to transport Resident A to his VA program. Ms. Edwards and Resident A left out of the facility, got into Ms. Edwards' vehicle and left.

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

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

Resident A's resident care agreement was not complete. Only the first page was in his file during the onsite investigation.

R 400.14305 Resident protection.

(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

One fire drill was completed on 08/22/2022 at 9:45pm at which time it took Resident A 10 minutes to evacuate the facility.

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.

I observed Resident A's medications inside the drawer of a nightstand in his bedroom. There was no lock on the drawer. In addition, some of the medications were in a pill container as opposed to the original pharmacy container.

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:
 - (i) The medication.
 - (ii) The dosage.
 - (iii) Label instructions for use.
 - (iv) Time to be administered.
 - (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
 - (vi) A resident's refusal to accept prescribed medication or procedures.

There was no medication administration record (MAR) for Resident A. Per Ms. Edwards, staff do not administer medications to Resident A. Resident A takes his own medications. Ms. Edwards stated Resident A's physician provided Resident A with permission to take his own medications, but there was no documentation to indicate that. In addition, this information was not written in Resident A's assessment plan.

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:
 - (vii) Medical insurance.
 - (viii) Funeral provisions and preferences.
 - (ix) Resident's religious preference information.

No medical insurance, burial provisions or religious preference was documented on Resident A's information and identification record.

R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

There was no thermometer in the freezer.

REPEAT VIOLATION ESTABLISHED: Reference LSR 01/20/2022. CAP 02/23/2022.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The bath area did not have nonskid surfacing.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

The bathroom door was a pocket door, and it did not positively latch.

REPEAT VIOLATION ESTABLISHED: Reference LSR 01/20/2022. CAP 02/23/2022.

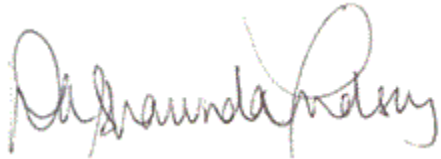
R 400.14507 Means of egress generally.

(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 back door and side door were not equipped with non-locking-against-egress hardware.

IV. RECOMMENDATION

The license is currently on a 1st provisional license issued on 02/23/2022. I recommend refusal to renew the license.

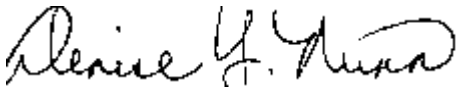


09/29/2022

DaShawnda Lindsey
Licensing Consultant

Date

Approved by:



09/29/2022

DaShawnda Lindsey
Licensing Consultant

Date