



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 17, 2025

Janet Patterson
Advocates for Self Determination, LLC
Suite 102
28237 Orchard Lake Rd.
Farmington Hills, MI 48334

RE: License #: AS630309605
Philip AFC
23823 Philip Dr.
Southfield, MI 48075

Dear Janet Patterson:

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 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,

A handwritten signature in black ink that reads "Sara E. Shaughnessy". The signature is written in a cursive style with a large, looping initial "S".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
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 #:	AS630309605
Licensee Name:	Advocates for Self Determination, LLC
Licensee Address:	Suite 102 28237 Orchard Lake Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(248) 723-7152
Licensee/Licensee Designee:	Janet Patterson
Administrator:	Janet Patterson
Name of Facility:	Philip AFC
Facility Address:	23823 Philip Dr. Southfield, MI 48075
Facility Telephone #:	(248) 353-9702
Original Issuance Date:	11/03/2011
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/30/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Manager

- 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.
On-site inspection did not take place during a mealtime, adequate food was observed.
- 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:
12/30/2024; MCL 400.734b, 400.14318(5), 400.14403(2), 400.14403(5),
400.14403 (11), 400.14403(8), 400.14407(3), 400.14507(5). 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 400.14203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p style="padding-left: 40px;">(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p>
The licensee completed 4.25 hours of training in the year 2024 and not the required 16 hours.	
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.
	<p>(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.</p>
Direct care staff member, Shanessa Box, does not have a current negative test for tuberculosis, which expired on 06/10/2023.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before</p>

	the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
Resident A was admitted to Philip AFC Group Home on 05/18/2024 and did not have a completed health care appraisal until 12/06/2024.	
REPEAT VIOLATION ESTABLISHED Reference LSR dated 12/05/2022; CAP dated 01/05/2022. Reference LSR dated 12/17/2020; CAP dated 12/22/2020	
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 was no verification that a fire drill was conducted in the following periods: <ul style="list-style-type: none"> • During evening hours in the first quarter of 2023. • During sleep hours in the fourth quarter of 2023. • During sleep hours in the first quarter of 2024. • During sleep hours in the third quarter of 2024. • During sleep hours in the fourth quarter of 2024. 	
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.
During the onsite inspection, the dryer vent was observed to be disconnected from the dryer and the blinds on the window in the bedroom of Resident B were torn apart.	
R 400.14403	Maintenance of premises.
	(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to

	be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.
<p>The floor in the bathroom for Resident C had obvious water damage; three of the ceramic tiles were cracked all the way through, and the one that was up against the bathtub was sinking down, due to the subfloor caving in. The trim was missing on the wall near the bathtub, leaving a hole and exposed wood that appeared to also have water damage.</p>	
<p>REPEAT VIOLATION ESTABLISHED Reference LSR dated 12/05/2022; CAP dated 01/05/2022. Reference LSR dated 12/17/2020; CAP dated 12/22/2020</p>	
Bathrooms. R 400.14407	
	(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.
<p>The main bathroom door was not equipped with positive latching, non-locking-against-egress hardware.</p>	
<p>SECOND REPEAT VIOLATION ESTABLISHED Reference LSR dated 12/05/2022; CAP dated 01/05/2022. Reference LSR dated 12/17/2020; CAP dated 12/22/2020 and</p>	
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.
<p>The front and back doors, means of egress, were not equipped with non-locking-against-egress hardware.</p>	

IV. RECOMMENDATION

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



01/17/2025

Sara Shaughnessy
Licensing Consultant

Date