



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2025

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

RE: License #: AS630237099
Phoenix II
631 Fox River
Bloomfield Hills, MI 48304

Dear Charles 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.
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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 cursive script that reads "Sara E. Shaughnessy". The signature is fluid and connected, with a large initial 'S' and a distinct 'E'.

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-320-3721

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

I. IDENTIFYING INFORMATION

License #: AS630237099

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: Phoenix II

Facility Address: 631 Fox River
Bloomfield Hills, MI 48304

Facility Telephone #: (248) 253-7349

Original Issuance Date: 01/04/2002

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/12/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee designee

- 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.
The onsite inspection did not take place during a meal time, an adequate amount of 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:
03/23/2023; 400.734b, 330.1803, 400.14203, 400.14205, 400.14301, 400.14315
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 400.14312	Resident medications.
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
<p>While reviewing the medication administration record (MAR) for Resident A, it was discovered that there were no initials indicating administration for loratadine 10mg, take 1 tablet by mouth daily, on 03/12/2025, and it was initialed on 03/13/2025, the day after the inspection.</p> <p>Resident A has also been prescribed lamotrigine 200mg, take one by mouth daily, and Januvia 100mg tab, take one tablet by mouth daily, both were initialed as having been administered on 03/13/2025.</p> <p>Resident A is also prescribed vitamin C 1000mg, take 1 tablet by mouth daily, this was not initialed as having been administered on 03/11/2025.</p>	
R 400.14312	Resident medications.
	<p>(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:</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p>

The medication administration record (MAR) for Resident A has the following medications listed, but they were not in the home:

Clobazam, 10mg, take 2 tablets by mouth every night at bedtime.

Diphenhydramine 50mg capsule, take one capsule by mouth every night at bedtime.

Trulicity 3mg/.5ml, inject 1.5mg by subcutaneous route once weekly.

Fluticasone 50mcg, spray 1 spray in each nostril daily.

Albuterol 0.083%, inhale one vial via nebulizer three times a day as needed.

Albuterol sulfate HFA 90mcg, inhale two puffs by mouth every four hours as needed for shortness of breath.

Hydrocortisone 2.5% cream, apply a pea size thin layer to the affected area topically twice a day as needed.

Mupirocin 2% ointment, apply a small amount to affected area by topical route twice a day as needed.

Nitroglycerin .4mg sublingual, place tablet under the tongue every five minutes for chase pain, do not exceed three doses.

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.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff member, Jennifer Washington, does not have, in the home, a statement signed by a physician attesting to the knowledge of her physical health within 30 days of hire.

IV. RECOMMENDATION

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



03/14/2025

Sara Shaughnessy
Licensing Consultant

Date