



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 3, 2025

William and Christine Phillips
623 Whites
Kalamazoo, MI 49008

RE: License #: AF390016150
Phillips AFC
623 Whites Rd
Kalamazoo, MI 49008

Dear William and Christine Phillips:

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 or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AF390016150 |
| Licensee Name: | William Phillips and Christine Phillips |
| Licensee Address: | 623 Whites Kalamazoo, MI 49008 |
| Licensee Telephone #: | (269) 382-6549 |
| Licensee Designee: | N/A |
| Administrator: | N/A |
| Name of Facility: | Phillips AFC |
| Facility Address: | 623 Whites Rd Kalamazoo, MI 49008 |
| Facility Telephone #: | (269) 382-6549 |
| Original Issuance Date: | 03/16/1995 |
| Capacity: | 5 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection: 10/03/2025

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 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: 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 330.1806 Staffing levels and qualifications.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:
(d) Basic first aid and cardiopulmonary resuscitation.

FINDING: There was no verification volunteer, Pat Howard, completed CPR/first aid.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

FINDING: The licensees did not have verification responsible person, Jesselyn Coleman, is free from communicable tuberculosis.

R 400.1408 Resident care; licensee responsibilities.

(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.

FINDING: Resident A has bed rails on his hospital bed as an assistive device; however, during the inspection, these half bed rails were not firmly attached to the bed frame. Not only should bed rails be identified in the resident's assessment plan, but the licensees should ensure that direct care staff are instructed in the use of bed rails as follows: bed and bed rail safety, the risks and benefits of bed rail use, and bed rail maintenance.

R 400.1426 Maintenance of premises.

(11) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

FINDING: During the inspection, a pool was observed in the licensee's backyard. The licensee needs to be able to demonstrate how the safety of residents will be maintained with a swimming pool in the yard. The pool could be seen as a hazard given the population served within the facility. The use or lack of use of the pool needs to be included in both residents' assessment plans. If the licensee has house rules then the pool should also be addressed in these as well.

Swimming pools and equipment are to be operated and maintained in accordance with the pool manufacturer's instructions and in compliance with all local regulations.

IV. RECOMMENDATION

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



10/03/2025

Cathy Cushman
Licensing Consultant

Date