



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 5, 2020

Lisa Murrell  
Community Living Centers Inc  
33235 Grand River  
Farmington, MI 48336

RE: License #: AL630007298  
**CLC House 2**  
**21345 Tuck Road**  
**Farmington Hills, MI 48336**

Dear Ms. Murrell:

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 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 dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630007298
<b>Licensee Name:</b>	Community Living Centers Inc
<b>Licensee Address:</b>	33235 Grand River Farmington, MI 48336
<b>Licensee Telephone #:</b>	(248) 478-0870
<b>Administrator/Licensee Designee:</b>	Lisa Murrell
<b>Name of Facility:</b>	CLC House 2
<b>Facility Address:</b>	21345 Tuck Road Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 476-3030
<b>Original Issuance Date:</b>	07/31/1976
<b>Capacity:</b>	16
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/04/2020

Date of Bureau of Fire Services Inspection if applicable: 04/02/2019

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 1  
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.  
Inspection did not occur during mealtime
- 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:

<b>R 400.15312</b>	<b>Resident medications.</b>
	(4)(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.

During the on-site inspection on 02/04/2020, I reviewed Resident B's medication logs and found the following error:

- **Sodium Chloride 1GM PO TAB:** Take two tablets by mouth two times daily was given on 09/28/2019, but staff did not initial the medication log.

<b>R 400.15312</b>	<b>Resident medications.</b>
	(4)(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 02/04/2020, I reviewed Resident B's medication logs and found the following errors:

- **Tylenol Extra Strength 500MG PO TAB:** Take one-two tablets by mouth as needed was given on 01/18/2020, 12/04/2019, 12/13/2019, 12/14/2019, 11/06/2019, 11/12/2019, 11/17/2019, 11/18/2019, 11/22/2019, 11/24/2019 and 11/28/2019, but staff did not record the reasons for this as needed medication.
- **Motrin 800MG PO TAB:** Take one tablet by mouth three times daily with food as needed was given on 01/07/2020, 01/08/2020 and 01/13/2020-01/15/2020, 12/28/2019, but staff did not record the reasons for this as needed medication.
- **Proair HFA 90MG/ACIH Spray:** Inhale two puffs by mouth into the lungs every six hours for wheezing as needed was given on 06/12/2019, 06/18/2019 and 06/24/2019, but the reasons for this as needed medication was not recorded.

<b>R 400.15315</b>	<b>Handling of resident funds and valuables.</b>
	(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

During the on-site inspection on 02/04/2020, Resident A's funds in the amount of \$621.40 was utilized for Resident A's vacation; however, the licensee did not obtain prior written approval from Resident A's guardian.

<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the on-site inspection on 02/04/2020, the sinks in both bathroom #1 and bathroom #2 were not draining properly. In the kitchen, there were missing and broken drawers in the kitchen.

<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the on-site inspection on 02/04/2020, bathroom #3 did not have nonskid surfacing in the shower.

**IV. RECOMMENDATION**

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

*Frodet Dawisha* 02/05/2020

Frodet Dawisha  
Licensing Consultant

Date