



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 14, 2021

Randall Clark
Belle Meade Foundation, Inc.
36270 Bordman
Richmond Twp, MI 48062

RE: License #: AM500073448
Belle Meade Afc/Wellness Home
36270 Bordman
Richmond Township, MI 48062

Dear Mr. Clark:

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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AM500073448
Licensee Name:	Belle Meade Foundation, Inc.
Licensee Address:	36270 Bordman Richmond Twp, MI 48062
Licensee Telephone #:	(586) 405-8710
Licensee/Licensee Designee:	Randall Clark
Administrator:	Randall Clark
Name of Facility:	Belle Meade Afc/Wellness Home
Facility Address:	36270 Bordman Richmond Township, MI 48062
Facility Telephone #:	(586) 405-8710
Original Issuance Date:	12/30/1996
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/28/2021

Date of Bureau of Fire Services Inspection if applicable: 08/13/2020

Date of Health Authority Inspection if applicable: 06/08/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- 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: CAP date 07/11/2019- S803(6), AS312(4), AS313(5), AS403(1), AS403(2), AS403(5), AS408(4), AS410(2) 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:

<p>R 400.14311</p>	<p>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</p>
	<p>(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:</p> <p>(c) Incidents that involve any of the following:</p> <ul style="list-style-type: none"> (i) Displays of serious hostility. (ii) Hospitalization. (iii) Attempts at self-inflicted harm or harm to others. (iv) Instances of destruction to property.
<p>On 06/23/2021, Resident A made suicidal comments, left the home and was taken to the hospital by EMS. An incident report was not submitted to licensing.</p>	
<p>R 400.14312</p>	<p>Resident medications.</p>
	<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> <ul style="list-style-type: none"> (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.

Resident B had Benzonatate Cap 200 mg on medication log, however, no medication. The home manager stated the medication was discontinued over six months ago. The medication should be removed from medication log if discontinued.	
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
During the onsite inspection, I measured water temperature with a digital thermometer. The water temperature measured 97 degrees Fahrenheit in kitchen and bathrooms on side two of home.	
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.
<p>During the onsite inspection, I observed the following items needed maintenance and/or repair:</p> <ul style="list-style-type: none"> • Front stairs, porch and furniture on porch are in poor condition. The paint is peeling. • Window blinds in Bedroom #4 are bent and broken • Closet door in Bedroom #4 was broken and not attached. Home Manager stated door was previously repaired and broken again. <p>REPEAT VIOLATION ESTABLISHED. LSR dated 06/28/2019, CAP dated 07/11/2019</p>	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

<p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> • Vent fans in bathrooms filled with dust • Cobwebs observed in bedrooms and bathrooms • The walls in Bedroom #3 and Bedroom #4 need cleaning <p>REPEAT VIOLATION ESTABLISHED. LSR dated 06/28/2019, CAP dated 07/11/2019</p>	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
<p>During the onsite inspection, I observed the following items needed maintenance and/or repair:</p> <ul style="list-style-type: none"> • Bathroom #1 had cracked tile • Bathroom #2 had loose tile <p>REPEAT VIOLATION ESTABLISHED. LSR dated 06/28/2019, CAP dated 07/11/2019</p>	

IV. RECOMMENDATION

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

Kristine Cilluffo

07/14/2021

Kristine Cilluffo
Licensing Consultant

Date