



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 2, 2022

Priscilla Murrell
Radclift, Inc
23530 Radclift
Oak Park, MI 48237

RE: License #: AS630256456
Hazel House
17115 Melrose
Southfield, MI 48075

Dear Ms. Murrell:

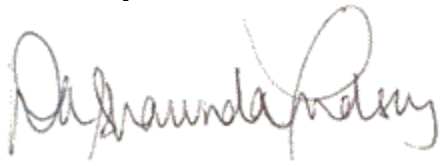
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630256456

Licensee Name: Radcliff, Inc

Licensee Address: 23530 Radcliff
Oak Park, MI 48237

Licensee Telephone #: (248) 569-9197

Licensee/Licensee Designee: Priscilla Murrell

Administrator: Priscilla Murrell

Name of Facility: Hazel House

Facility Address: 17115 Melrose
Southfield, MI 48075

Facility Telephone #: (248) 569-9197

Original Issuance Date: 11/22/2004

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/28/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: N/A

- 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 inspection did not occur during a meal time.
- 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.
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? 1 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 330.1803	Facility environment; fire safety.
	(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.
From September to December 2021 as well as from April to July 2022, a fire drill was conducted monthly. However, the time of the drill was not documented. In addition, there was no verification a drill was conducted during day shift in the second quarter of 2021.	
R 330.1803	Facility environment; fire safety.
	<p>(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</p>

The last Escore was completed in January 2021. There was no verification an Escore was completed in 2022.	
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 of the following areas: (d) Basic first aid and cardiopulmonary resuscitation (e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications. (g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.
There was no verification staff Rosalind Velinda completed CPR, First Aid, resident rights, and medication administration training.	
R 400.14203	Licensee and administrator training requirements.
	(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: (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.
There was no verification licensee designee/administrator Priscilla Murrell completed at least 16 hours of training in 2020 and 2021.	
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (e) Resident rights.

There was no verification staff Rosalind Velinda completed reporting requirements, CPR, First Aid, and resident rights training.	
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.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.
There was no verification licensee designee/administrator Priscilla Murrell completed an annual health review in 2021.	
R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (a) Name, address, telephone number, and social security number. (b) The professional or vocational license, certification, or registration number, if applicable. (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents. (e) Verification of experience, education, and training. (f) Verification of reference checks. (g) Beginning and ending dates of employment. (i) Required verification of the receipt of personnel policies and job descriptions.
There was no verification an application was completed for staff Rosalind Velinda. There was no verification the information listed above was reviewed and gathered.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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 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.
There was no verification Resident A and Resident B had a health care appraisal annually.	
R 400.14312	Resident medications.
	(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: (a) Be trained in the proper handling and administration of medication.
There was no verification staff Rosalind Velinda completed medication administration training.	
R 400.14312	Resident medications.
	(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: (b) Complete an individual medication log that contains all of the following information: (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.
I observed the following medication administration errors: For Resident A: <ul style="list-style-type: none"> • Resident A is prescribed Vitamin D3 Cap once weekly. Staff initialed the medication administration record (MAR) daily to show administration of the medication. • The specific administration times for Resident A’s medications are not documented. Instead, the MAR lists “AM” and “bedtime” for administration times. • Resident A is prescribed Depo-Provera 150Mg/ml once every three months. Staff initialed the MAR daily to show administration of the medication. • Resident A was prescribed Bacitracin Ointment 500/Gm. Home manager Pat Holmes stated Resident A was prescribed the medication “only to use for 	

about 10 days. The medication had been discontinued for “a while now”. Staff initialed the MAR daily to show administration of the medication.

For Resident B:

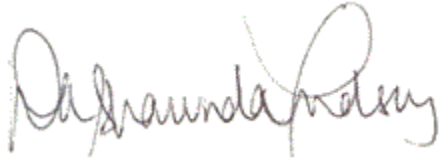
- Staff did not initial Resident B’s MAR from 07/26/2022 to 07/28/2022 to show administration of any of her medications.
- The specific administration times for Resident A’s medications are not documented. Instead, the MAR lists “AM” and “bedtime” for administration times.

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 style="padding-left: 40px;">(c) Record the reason for each administration of medication that is prescribed on an as needed basis.</p>
<p>Resident A was administered PRN Polyethylene Glycol Powder 3350 on 07/26/2022. The time and reason for administration was not documented.</p>	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p style="padding-left: 40px;">(a) Identifying information, including, at a minimum, all of the following:</p> <ul style="list-style-type: none"> <li style="padding-left: 80px;">(i) Name. <li style="padding-left: 80px;">(ii) Social security number, date of birth, case number, and marital status. <li style="padding-left: 80px;">(iii) Former address. <li style="padding-left: 80px;">(iv) Name, address, and telephone number of the next of kin or the designated representative. <li style="padding-left: 80px;">(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. <li style="padding-left: 80px;">(vi) Name, address, and telephone number of the preferred physician and hospital. <li style="padding-left: 80px;">(vii) Medical insurance. <li style="padding-left: 80px;">(viii) Funeral provisions and preferences. <li style="padding-left: 80px;">(ix) Resident's religious preference information. <p style="padding-left: 40px;">(b) Date of admission.</p> <p style="padding-left: 40px;">(c) Date of discharge and the place to which the resident was discharged.</p>

	<p>(d) Health care information, including all of the following:</p> <ul style="list-style-type: none"> (i) Health care appraisals. (ii) Medication logs. (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures. (iv) A record of physician contacts. (v) Instructions for emergency care and advanced medical directives. <p>(e) Resident care agreement.</p> <p>(f) Assessment plan.</p> <p>(g) Weight record.</p> <p>(h) Incident reports and accident records.</p> <p>(i) Resident funds and valuables record and resident refund agreement.</p> <p>(j) Resident grievances and complaints.</p>
<p>There was no verification a Resident Information and Identification Record was completed for Resident A and Resident B.</p>	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	<p>(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.</p>
<p>From September to December 2021 as well as from April to July 2022, a fire drill was conducted monthly. However, the time of the drill was not documented. In addition, there was no verification a drill was conducted during day shift in the second quarter of 2021.</p>	
R 400.14408	Bedrooms generally.
	<p>(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.</p>
<p>One of the residents' bedrooms was not equipped with non-locking-against-egress hardware.</p>	

IV. RECOMMENDATION

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



08/02/2022

DaShawnda Lindsey
Licensing Consultant

Date