



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 27, 2023

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  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2023

Date of Bureau of Fire Services Inspection if applicable: 10/13/2021

Date of Health Authority Inspection if applicable: 02/12/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Staff completed simulated medication pass.
- 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.  
Residents served lunch during inspection.
- 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 08/11/2021- AS311(1), AS312(4), AS401(2), AS403(1), AS403(2),  
AS403(5) 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 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<p><b>(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:</b></p> <p><b>(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.</b></p>
<p>Licensee Designee, Randall Clark, did not have verification of 16 annual training hours.</p>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<p><b>(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.</b></p>
<p>Licensee Designee, Randall Clark, did not have verification of current TB test.</p>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b></p>

During the onsite inspection, I observed insulin being stored in an unlocked location in the office refrigerator.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.
No fire drills were completed during the 4 <sup>th</sup> quarter of 2021.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
During the onsite inspection, I observed that Bathroom #3 had damage to walls. There were areas that were patched and not painted.  <b>REPEAT VIOLATION ESTABLISHED: LSR dated 07/14/2021, CAP dated 08/11/2021.</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.
During the onsite inspection, I observed that the faucet in Bathroom #4 sprayed water when fully turned on.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.
During the onsite inspection, I observed loose tile in the shower in Bathroom #3. I also observed stained grout and caulk.	
<b>R 400.14410</b>	<b>Bedroom furnishings.</b>
	(1) The bedroom furnishings in each bedroom shall include all of the following: (d) At least 1 chair.

Bedroom #5 did not have a chair.

**IV. RECOMMENDATION**

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



06/27/2023

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Kristine Cilluffo  
Licensing Consultant

Date