



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 2, 2024

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

RE: License #: AS630243783
Radcliff House
23530 Radcliff
Oak Park, MI 48237

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
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #:	AS630243783
Licensee Name:	Radclift, Inc
Licensee Address:	23530 Radclift Oak Park, MI 48237
Licensee Telephone #:	(248) 569-9197
Licensee/Licensee Designee:	Priscilla Murrell
Administrator:	Priscilla Murrell
Name of Facility:	Radclift House
Facility Address:	23530 Radclift Oak Park, MI 48237
Facility Telephone #:	(248) 967-0476
Original Issuance Date:	10/07/2003
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/13/2024

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: 0

- 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:
SI 04/2022- as304(1)(d); Renewal 2022- as315(3), as301(10), as210, as318(5),
asec734(b)(2), as205(6), as403(1), as410(1)(d), as403(8), as203(1), S803(3),
as315(6) N/A
- Number of excluded employees followed-up? 0 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:	
MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

<p>Staff Rosalind Riggs was fingerprinted under the adult foster care (AFC) small group home license for Hazel House. There was no verification she was fingerprinted under the AFC small group home license for Radcliff House.</p> <p>REPEAT VIOLATION ESTABLISHED. Reference LSR 02/24/2022. CAP 03/16/2022.</p>	
R 400.14203	Licensee and administrator training requirements.
	<p>(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:</p> <p>(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.</p>
<p>There was no verification licensee designee/administrator Priscilla Murrell completed 16 hours of training in 2023.</p> <p>REPEAT VIOLATION ESTABLISHED. Reference LSR 02/24/2022. CAP 03/16/2022.</p>	
R 400.14204	Direct care staff; qualifications and training.
	<p>(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:</p> <p>(a) Reporting requirements. (e) Resident rights. (f) Safety and fire prevention.</p>
<p>There was no verification that staff Demetrius Lockhart completed the following trainings:</p> <ul style="list-style-type: none"> • Reporting requirements • Resident rights • Safety and fire prevention 	
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.

	<p>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</p>
<p>There was no verification that staff Demetrius Lockhart and home manager Rosalind Riggs were tested for TB within the last three-year period.</p>	
<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(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.</p>
<p>There was no verification that staff Demetrius Lockhart and home manager Rosalind Riggs completed an annual health review.</p> <p>REPEAT VIOLATION ESTABLISHED. Reference LSR 02/24/2022. CAP 03/16/2022.</p>	
<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(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.</p>

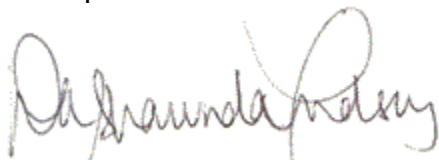
<p>There was a health care appraisal completed for Resident A and Resident B annually within the last two-year period; however, a department health care appraisal form was not used. Authorization to use a substitute form was not granted.</p> <p>REPEAT VIOLATION ESTABLISHED. Reference LSR 02/24/2022. CAP 03/16/2022.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
<p>There was no verification that an assessment plan was completed for Resident B in 2023.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
<p>There was no verification that a resident care agreement was completed for Resident B in 2023.</p>	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
<p>There was no verification that Resident A was weighed in September 2022, December 2022 or from February 2023 to October 2023. There was no verification that Resident B was weighed in September 2022, December 2022 or from March 2023 to October 2023.</p>	
R 400.14312	Resident medications.

	(2) Medication shall be given, taken, or applied pursuant to label instructions.
<p>Resident A is prescribed Aripiprazole 2mg daily at bedtime. Per the medication administration record (MAR), staff administered the medication daily at 8am and 8pm.</p> <p>Resident B is prescribed Fluticasone Prop 50Mcg Spray twice daily. Per the MAR, staff administered the medication daily at 8am.</p>	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(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>The evacuation time was not documented for the fire drills conducted from September 2023 to November 2023 There was no verification that a fire drill was conducted during evening hours in the fourth quarter of 2023.</p> <p>REPEAT VIOLATION ESTABLISHED. Reference LSR 02/24/2022. CAP 03/16/2022.</p>	
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.
The water temperature was 144 degrees Fahrenheit.	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
<ul style="list-style-type: none"> • The vent in the bathroom was rusted and coming off the wall. • There was a lot of lint on the floor behind the back and side of the dryer. 	
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.

<ul style="list-style-type: none"> • Part of the ceiling paint was chipping in the living room. • Part of the ceiling paint was chipping in the kitchen. • Part of the walls in the bedrooms had chipping paint. • Walls through the facility needed to be cleaned and/or repainted. 	
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.
	<p>(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:</p> <p style="padding-left: 40px;">(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.</p> <p>(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat producing equipment.</p>
The smoke detector in the kitchen was hanging from the wall and was not functional.	
R 400.14510	Heating equipment generally.
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.
The dryer was not equipped with a solid metal duct.	

IV. RECOMMENDATION

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



04/02/2024

DaShawnda Lindsey
Licensing Consultant

Date