



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 21, 2025

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

RE: License #: AS500418281  
**Belle Meade of Richmond**  
**67926 Howard St.**  
**Richmond, 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 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) 972-9136.

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>                  | AS500418281                              |
| <b>Licensee Name:</b>              | Belle Meade Foundation, Inc.             |
| <b>Licensee Address:</b>           | 36270 Bordman Road<br>Richmond, 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 of Richmond                  |
| <b>Facility Address:</b>           | 67926 Howard St.<br>Richmond, MI 48062   |
| <b>Facility Telephone #:</b>       | (586) 405-8710                           |
| <b>Original Issuance Date:</b>     | 06/17/2025                               |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2025

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

Date of Health Authority Inspection if applicable: N/A

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.  
Reviewed medications with staff.
- 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 a meal preparation.
- 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 400.631</b>   | <b>Health screenings.</b>   |
|  | <b>(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.</b> |
| Staff, Johnny Roberts, had start date of 07/08/2025. Mr. Roberts' medical statement was dated 09/26/2025.  |   |
| <b>R 400.637</b>   | <b>Handling of resident funds and valuables.</b>  |
|  | <b>(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.</b>   |
| Resident A and Resident B did not have record of AFC payment in resident record.   |   |
| <b>R 400.645</b>   | <b>Environmental health.</b>  |
|  | <b>(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.</b>  |
| During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature measured as high as 124 degrees Fahrenheit. |   |
| <b>R 400.675</b>   | <b>Resident medications.</b>  |
|  | <b>(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.</b>  |

Resident A's prescription for Melatonin 1 mg, take two tablets by mouth, was discontinued on 09/01/2025. The pill pack was not disposed of after medication was discontinued. Resident A is now prescribed Melatonin 1 mg, one tablet by mouth. Medication should be obtained with the correct label and dosage.

**IV. RECOMMENDATION**

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



11/21/2025

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Kristine Cilluffo  
Licensing Consultant

Date