GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 18, 2026

Danielle Jones
Radclift, Inc
17115 Melrose St
Southfield, MI 48075

RE: License #: AS630419700
Murrell House
23280 Harding St
Oak Park, MI 48237

Dear Ms. Jones:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License#:	AS630419700
Licensee Name:	Radclift, Inc
Licensee Address:	17115 Melrose St Southfield, MI 48075
Licensee Telephone #:	(248) 569-9197
Licensee/Licensee Designee:	Danielle Jones
Administrator:	Danielle Jones
Name of Facility:	Murrell House
Facility Address:	23280 Harding St Oak Park, MI 48237
Facility Telephone #:	(248) 971-3207
Original Issuance Date:	11/20/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/11/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Licensee

- 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 onsite inspection did not take place during a mealtime. An adequate amount of food was observed in the home.
- 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:

R 400.675	**Resident Medications**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
Resident A has a prescription for Lisinopril, 10mg. On 05/04/2026, this medication was marked as having been administered, but the tablet was still in the pack. The missing of this medication could impact the overall health of Resident A due to inconsistent dosing. Resident A has “as needed” prescriptions for acetaminophen-codeine #2, taken one tablet by mouth, every 8 hours, as needed for pain, ibuprofen 800mg, and Risperidone 1mg tablet; none of these medications were in the home. The missing acetaminophen/codeine #2 and ibuprofen are prescribed for pain relief and could cause pain to persist for Resident A should he not have access to them. The risperidone 1mg is prescribed to take for agitation, potentially causing further distress for Resident A should he need it.	
R 400.675	**Resident Medications**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: **(v) Initials of the individual who administered the medication at the time given.**

Resident A has a prescription for pravastatin sodium 20mg tablet, take one tablet by mouth nightly; this was not initialed as having been administered on 05/04/2026 or 05/09/2026, but the medication is missing from the pack.

Resident A has a prescription melatonin 10mg capsule, take one capsule by mouth nightly; this was not initialed as having been administered on 05/04/2026, 05/08/2026, 05/09/2026, or 05/10/2026, but the medication is missing from the pack.

Resident B has a prescription for tamsulosin capsule .4 mg, take one capsule by mouth everyday at bedtime; this was not initialed as having been administered on 05/10/2026, but the medication is missing from the pack.

Resident B has a prescription for aripiprazole tablet 10mg, take one tablet once a night before bed; this was not initialed as having been administered on 05/10/2026, but the medication is missing from the pack.

These errors could potentially lead another staff member to think the medications were not administered, leading to them administering them again and over medicating the residents.

R 400.637	**Handling of Resident Funds and Valuables**
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

Neither Resident A, nor Resident B had a Funds Part II in their records for payment of services. The potential harm this could lead to would include not having a record for payments and lead to over charging the residents for cost of care.

R 400.637	**Handling of Resident Funds and Valuables**
	(3) A licensee shall have a record of resident valuables for each resident that includes a written description of the items, the date received, and the date returned to the resident or the resident's designated representative, and the record must be signed at the time of receipt and return by the facility and the resident or the resident's designated representative.

Neither Resident A, nor Resident B had any cash recorded at the time of admission, but each had cash in the home. There were no balances recorded on a Funds Part II form indicating the amount of cash each resident had in their cash box. The concern with this violation is that there is no way to determine how much money each resident has, leading to the chance of embezzlement of funds.	
R 400.691	**Resident Records.**
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: **(a) Personal information including all of the following:** **(i) Resident's full name.** **(ii) Social Security number.** **(iii) Date of birth.** **(iv) Marital status.** **(v) Veteran's status.** **(vi) Gender identity.** **(vii) Former address.** **(viii) Name, address, and contact information of identified contact or designated representative.** **(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.** **(x) Funeral provisions, preferences, and contact information.** **(xi) Resident's religious preference.**
Resident A's resident information record was missing his marital status, veteran's status, gender identity, former address, name, address, and contact information of identified contact or designated representative, name address and contact information of the person and agency responsible for the resident's placement in the facility, funeral provisions, and religious preference. Resident B's resident information record was missing his marital status, veteran's status, gender identity, former address, name address and contact information of the person and agency responsible for the resident's placement in the facility, funeral provisions, and religious preference.	
R 400.715	**Facility environment; fire safety, adoption by reference.**
	(4) Evacuation assessments must be conducted within 30 days after the admission of each new

	resident and at least annually after the admission of the last new resident.
The evacuation assessments (E-scores) were not fully completed. Not knowing the evacuation scores for the residents leads to the licensee not knowing if there is enough staff working to safely evacuate residents in the case of a fire.	
R 400.645	**Environmental Health**
	(**8) A habitable room must have direct outside ventilation by means of windows, louvers, air conditioning, or mechanical ventilation. From April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes must be supplied with a standard screen of not less than 16 mesh.**
Resident C's bedroom has a window that could not be opened during the onsite inspection, his other window can be opened but was missing a screen. This impacts Resident C by him not having access to direct outside ventilation in his bedroom without the risk of insects entering his bedroom.	
R 400.639	**Staff Records**
	1) A licensee shall maintain a record for each staff that contains all of the following: (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.
Direct care staff member, Keon Jones, had only one reference check in his staff records, there is no documentation signifying any attempts at obtaining the second reference.	
R 400.673	**Use of assistive devices, therapeutic support.**
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.
Resident B has a helmet, wheelchair, and gait belt. These were noted in his assessment plan, but there were no written authorizations for these devices. This	

can lead to harm for Resident B as no one knows the official reason or the use of these devices or how to properly use them, which can lead to harm to Resident B.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

05/14/2026

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Sara Shaughnessy — Date
Licensing Consultant

Approved by:

05/18/2026

Ardra Hunter — Date
Area Manager