



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 20, 2022

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

RE: License #: AS630243783  
Investigation #: 2022A0602029  
Radclift House

Dear Ms. Murrell:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Cindy Berry". The signature is written in a cursive style with a large, looping "C" and "B".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630243783
<b>Investigation #:</b>	2022A0602029
<b>Complaint Receipt Date:</b>	04/26/2022
<b>Investigation Initiation Date:</b>	04/26/2022
<b>Report Due Date:</b>	06/25/2022
<b>Licensee Name:</b>	Radclift, Inc
<b>Licensee Address:</b>	23530 Radclift Oak Park, MI 48237
<b>Licensee Telephone #:</b>	(248) 569-9197
<b>Administrator:</b>	Priscilla Murrell
<b>Licensee Designee:</b>	Priscilla Murrell
<b>Name of Facility:</b>	Radclift House
<b>Facility Address:</b>	23530 Radclift Oak Park, MI 48237
<b>Facility Telephone #:</b>	(248) 569-9197
<b>Original Issuance Date:</b>	10/07/2003
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/18/2022
<b>Expiration Date:</b>	03/17/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Staff open the resident’s mail, which includes their work checks.	Yes
Residents are only provided a small plastic medical cup full of body wash to wash their bodies, which is not enough.	No

**III. METHODOLOGY**

04/26/2022	Special Investigation Intake 2022A0602029
04/26/2022	Special Investigation Initiated - Telephone Call made to the complainant.
05/06/2022	Inspection Completed On-site No response – No one answered the door, but I could hear movement inside the home.
05/09/2022	Contact - Telephone call made Call made to the home, unable to leave a message.
05/18/2022	Contact - Telephone call received Received message from assigned recipient rights worker, Darlita Paulding.
06/10/2022	Inspection Completed On-site No response – No one answered the door and it appeared as if no one was home.
09/12/2022	Inspection Completed On-site Interviewed residents and staff.
09/12/2022	Contact – Telephone call made Spoke with the Darlita Paulding.
09/12/2022	Contact – Telephone call made Call made to Resident A – no answer.
09/12/2022	Contact – Telephone call made Call made to Resident B – no answer.

09/13/2022	Contact – Telephone call made Spoke with the home manager, Rosalind Riggs
09/15/2022	Exit conference Held with the licensee designee, Priscilla Murrell by telephone.

**ALLEGATION:**

**Staff open the resident’s mail, which includes their work checks.**

**INVESTIGATION:**

On 4/26/2022, a complaint was received and assigned for investigation alleging that staff open the residents mail (including their work checks), and residents are only provided a small plastic medical cup full of body wash to wash their bodies (which is not enough).

On 5/06/2022 and 6/10/2022, I attempted to conduct an unannounced on-site investigation but there was no response to my knocking on the front door.

On 9/12/2022, I conducted another unannounced on-site investigation at which time I interviewed staff member, David Ragin, Resident C, Resident D and Resident E. Mr. Ragin stated he has worked in the home for three years and works the day shift between the hours of 8 am and 4 pm Monday through Friday. He said he had no knowledge of resident’s mail being opened by staff. When their checks are delivered to the home, each resident is given their check to sign but he had no knowledge of how the money is handled.

Resident C stated he works through Jewish Vocational Services (JVS) and is responsible for cleaning a store not far from the group home. He said he is paid bi-weekly by check and receives \$100. When his check arrives, he is the one who opens and signs it before giving it to the manager to cash. Resident C had no issues to report regarding staff opening his mail.

Resident D and Resident E have limited cognitive functioning and were unable to provide any information regarding the allegations.

I was unable to interview Resident A and Resident B as they were not home at the time the on-site investigation was conducted.

On 9/12/2022, I spoke with the assigned recipient rights worker, Darlita Paulding by telephone. Ms. Paulding stated the allegation regarding staff opening resident’s mail was substantiated as they should be allowed to open their own mail. She said she spoke with the manager and was informed that she and/or the provider are the only people who open the resident’s mail.

On 9/13/2022, I interviewed the home manager, Rosalind Riggs by telephone. Ms. Riggs stated she began working as the home manager in July 2022 and cannot speak on what took place prior to her becoming the manager. Only the home manager and/or the licensee designee, Priscilla Murrell is allowed to open the resident's mail. Each resident opens their own check, signs it, decide how they want to spend it, and give it to the licensee designee to process based on their choice. The residents are required to sign statements documenting how they requested to receive their funds. Some like to cash and receive the entire amount, others like to keep some and put the rest in the bank or deposit the entire amount. Ms. Riggs said the only reason the resident's mail is being opened is because she and the licensee designee want to ensure that they receive and respond to important documents such as insurance, social security benefits, etc.

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights: (d) The right to write, send, and receive uncensored and unopened mail at his or her own expense.
<b>ANALYSIS:</b>	Based on the information received during the investigation, there is sufficient information to determine that Ms. Riggs and Ms. Murrill open the resident's mail. Ms. Riggs stated she and Ms. Murrell do in fact open the resident's mail but only to insure they receive and respond to important documents. Residents open their own checks.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Residents are only provided a small plastic medical cup full of body wash to wash their bodies, which is not enough.**

**INVESTIGATION:**

On 9/12/2022, I conducted an unannounced on-site investigation at which time I interviewed staff member, David Ragin, and Resident C. I observed each resident's hygiene products as well as the additional supply that is kept in the staff office and in

the basement. Mr. Ragin stated each resident has their own hygiene basket that is kept in their rooms. They are allowed to use as much body wash as they want and when it runs out, they are given more. Mr. Ragin stated he had no knowledge of residents being given body wash in a medicine cup.

Resident C stated he has never been given body wash in a medicine cup and keeps his own in his room in a basket. Resident C said he showers daily, has what he needs to shower and has never had an issue with not being allowed to shower.

I observed Resident A, Resident B, Resident C, Resident D, and Resident E's hygiene baskets that were in their rooms. Each basket contained, deodorant, body wash or bar of soap, toothpaste, and a toothbrush. I also observed an extra supply of body wash, toothpaste, and toothbrushes located in the staff office and in the basement.

On 9/13/2022, I interviewed the home manager, Rosalind Riggs by telephone. Ms. Riggs stated each resident has their own body wash or bar of soap that they keep in their rooms. When they run out, staff will give them more from the supply that is kept in the office or in the basement. She had no knowledge of residents being given body wash in a medicine cup.

On 9/12/2022, I spoke with the recipient rights worker, Darlita Paulding by telephone. Ms. Paulding stated she did not substantiate the allegation of residents being given body wash in a medicine cup. She observed that each resident had their own soap that was kept in their rooms.

On 9/15/2022, I conducted an exit conference with the licensee designee, Priscilla Murrell by telephone. I informed Ms. Murrell of the investigative findings and recommendation documented in this report. Ms. Murrell stated prior to the investigation, the home manager was opening the resident's mail but has since stopped. Ms. Murrell agreed to submit a corrective action plan upon receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
<b>ANALYSIS:</b>	Based on the information obtained during the investigation, there is insufficient information to determine that residents are unable to maintain their personal hygiene due to lack of body wash.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.




09/15/2022

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Cindy Berry  
Licensing Consultant

Date

Approved By:



09/20/2022

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Denise Y. Nunn  
Area Manager

Date