



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 3, 2023

Lisa Murrell  
Community Living Centers Inc  
33235 Grand River  
Farmington, MI 48336

RE: License #: AS630314730  
**CLC Code Road**  
**25100 Code Avenue**  
**Southfield, MI 48034**

Dear Ms. Murrell:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630314730
<b>Licensee Name:</b>	Community Living Centers Inc
<b>Licensee Address:</b>	33235 Grand River Farmington, MI 48336
<b>Licensee Telephone #:</b>	(248) 229-0889
<b>Administrator/Licensee Designee:</b>	Lisa Murrell
<b>Name of Facility:</b>	CLC Code Road
<b>Facility Address:</b>	25100 Code Avenue Southfield, MI 48034
<b>Facility Telephone #:</b>	(248) 478-0870
<b>Original Issuance Date:</b>	06/08/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2023

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 1

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.
- 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.
- 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 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 04/03/2023, I reviewed Resident A's medications and found the following errors:

- Clindamycin Phosphate 1% TO SOL: apply twice daily to affected areas on scalp as needed was applied at 5PM from 03/01/2023-03/24/2023 but staff did not record the reason for each application of this medication that is prescribed on an as needed basis.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the on-site inspection on 04/03/2023, there was a hole in the door and a broken/missing piece of blinds on the window of bedroom #1.

<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 my on-site inspection, the sink was backing up in bathroom #2 located upstairs.

<b>R 400.14406</b>	<b>Room temperature.</b>
	All resident-occupied rooms of a home shall be heated at a temperature range between 68- and 72-degrees Fahrenheit during non-sleeping hours. Precautions shall be taken to prevent prolonged resident exposure to stale, noncirculating air that is at a temperature of 90 degrees Fahrenheit or above.

	Variations from the requirements of this rule shall be based upon a resident's health care appraisal and shall be addressed in the resident's written assessment plan. The resident care agreement shall address the resident's preferences for variations from the temperatures and requirements specified in this rule.
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During the on-site inspection on 04/03/2023, bedroom #1 had a blanket covering one of the windows. The bedroom's temperature according to the remote for the wall heat read 88° Fahrenheit, which was incorrect as the bedroom felt extremely cold.

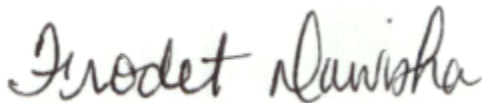
<b>R 400.14407</b>	<b>Bathrooms.</b>
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the on-site inspection on 04/03/2023, bathroom #1 was not equipped with positive-latching, non-locking-against-egress hardware.

A corrective action plan was requested and approved on 04/03/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.
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#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



04/03/2023

Frodet Dawisha  
Licensing Consultant

Date