



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 19, 2024

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

RE: License #: AS500404386  
**Belle Meade Residential**  
**36264 Bordman Road**  
**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 or home for the aged authorized representative 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) 975-5053.

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>	AS500404386
<b>Licensee Name:</b>	Belle Meade Foundation, Inc.
<b>Licensee Address:</b>	36270 Bordman Road 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 Residential
<b>Facility Address:</b>	36264 Bordman Road Richmond, MI 48062
<b>Facility Telephone #:</b>	(586) 405-8710
<b>Original Issuance Date:</b>	03/05/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2024

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

Date of Health Authority Inspection if applicable: 11/30/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with home manager.
- 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:  
CAP date 04/01/2022- AS301(4)(8)(10), AS313(5), AS315(6), AS403(1) 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:

<p><b>R 330.1803</b></p>	<p><b>Facility environment; fire safety.</b></p>
	<p><b>(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.</b></p>
<p>The home did not have record of annual inspections for fire safety system.</p>	
<p><b>R 400.14205</b></p>	<p><b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b></p>
	<p><b>(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.</b></p>

Staff, Beth Kain, did not have a current TB test. Her TB test was dated 09/25/2020.	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.
Resident A's health care appraisal dated 06/26/2023 was not completed on a department health care appraisal form.	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.
Resident A's resident care agreement dated 01/08/2024 was not signed by licensee designee. Resident B's resident care agreement dated 01/11/2024 was not signed by licensee designee.	
<b>REPEAT VIOLATION ESTABLISHED</b> <b>Reference LSR dated 03/16/2022, CAP dated 04/01/2022</b>	
<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: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use.

	<p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>
	Resident B's Fluticasone 50 MCG nasal spray was not listed on medication log.
<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.
	<p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> <li>• Chipped paint on front porch and stairs</li> </ul> <p><b>REPEAT VIOLATION ESTABLISHED</b>  <b>Reference LSR dated 03/16/2022, CAP dated 04/01/2022</b></p> <ul style="list-style-type: none"> <li>• Damage/holes on inside of door in Bedroom #1</li> </ul>
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.
	During the onsite inspection, I observed that Bathroom #4 did not have nonskid surfacing in shower.
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
	During the onsite inspection, I observed drywall damage in Bedroom #1.
<b>R 400.14407</b>	<b>Bathrooms.</b>
	(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.
	During the onsite inspection, I observed that the vent fan was not in working order in Bathroom #2. The bathroom does not have a window.

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

03/19/2024

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Kristine Cilluffo  
Licensing Consultant

Date