



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 13, 2024

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

RE: License #: AS630256456
Hazel House
17115 Melrose
Southfield, MI 48075

Dear Ms. Murrell:

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 and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification 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,



Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012
Fax: 517-763-0204

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS630256456
Licensee Name:	Radclift, Inc
Licensee Address:	23530 Radclift Oak Park, MI 48237
Licensee Telephone #:	(248) 569-9197
Licensee/Licensee Designee:	Priscilla Murrell
Administrator:	Priscilla Murrell
Name of Facility:	Hazel House
Facility Address:	17115 Melrose Southfield, MI 48075
Facility Telephone #:	(248) 569-9197
Original Issuance Date:	11/22/2004
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/13/2024

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 0 Role:

- 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:
CAP dated, 8/23/2022:
 - as316(1)
 - as301(10)
 - as312(4)(b)
 - as312(4)(c)
 - as318(5)
 - S803(3)
 - S803(6)
 - as204(3)(b)
 - as204(3)(c)
 - as312(4)(a)
 - as204(3)(a)
 - as204(3)(e)
 - as208(1)(a)

- as208(1)(b)
- as208(1)(c)
- as208(1)(e)
- as208(1)(f)
- as208(1)(g)
- as208(1)(i)
- as203(1)
- as205(6)
- as408(4) 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(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.

The facility did not have a current copy of direct care staff, Pat Holmes TB test result available for review.

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

The facility did not have a current copy of direct care staff, Pat Holmes, medical clearance or annual health review available for review. The most recent medical clearance in the file was dated 8/5/2023.

R 400.14312 **Resident medications.**

(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:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Staff initials were missing from the *Medication Administration Record (MAR)* for Resident A, Resident B, Resident C, Resident D and Resident E for 8/9/2024, 8/11/2024 and 8/12/2024. I reviewed the medications for all residents and confirmed that the medications were administered to residents, however the staff initials were missing for these dates.

R.400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The facility did not complete an evening hours fire drill during the 1st quarter of 2023 and the 1st quarter of 2024; The facility did not complete a sleeping hours fire drill during the 3rd quarter of 2023.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

There is a small section of tile in the kitchen area that is being held down with duct tape and is need of replacement.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The fire door located in the basement is off alignment and does not fully latch closed.

IV. RECOMMENDATION

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

Stephanie Gonzalez

8/13/2024

Stephanie Gonzalez
Licensing Consultant

Date