



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 3, 2025

Lisa Murrell
Community Living Centers Inc
Suite 117
28104 Orchard Lake Road
Farmington Hills, MI 48334

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

Dear Lisa 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 dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 Grand Blvd.
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

License #:	AS630314730
Licensee Name:	Community Living Centers Inc
Licensee Address:	Suite 117 28104 Orchard Lake Road Farmington Hills, MI 48334
Licensee Telephone #:	(248) 478-0870
Administrator/Licensee Designee:	Lisa Murrell
Name of Facility:	CLC Code Road
Facility Address:	25100 Code Avenue Southfield, MI 48034
Facility Telephone #:	(248) 478-0870
Original Issuance Date:	06/08/2012
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2025

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 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.
- 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:

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.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the on-site inspection on 04/02/2025, direct care staff Zenithia Pettiford medical statement was not completed within 30 days of her hire date of 09/05/2023. Ms. Pettiford's medical statement was completed on 04/13/2022.

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.

During the on-site inspection on 04/02/2025, direct care staff Zenithia Pettiford's communicable tuberculosis expired on 01/06/2025.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the on-site inspection on 04/02/2025, Resident A's weight was not completed monthly. Weights were missing for 12/2024, 02/2025, and 03/2025.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 04/02/2025, I reviewed Resident A's medications and found the following error:

- Lovaza Omega 3-Acid: take one capsule by mouth once a day was not given pursuant to label instructions on 04/02/2025 as the pill was still in the blister pack.

REPEAT VIOLATION ESTABLISHED:
LSR dated 03/16/2021; CAP dated 03/16/2021

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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 04/02/2025, I reviewed Resident B's medications and found the following error:

- Flonase Allergy Relief: instill one-two sprays twice daily as needed was given 19 times in 03/2025, but staff only recorded the reason for this as needed medication only 13 times.

REPEAT VIOLATION ESTABLISHED:
LSR dated 04/03/2023; CAP dated 04/03/2023

R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

During the on-site inspection on 04/02/2025, the bathroom tub on the main floor did not have nonskid surfacing.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the on-site inspection on 04/02/2025, the hallway bathroom upstairs had a strong urine smell.

R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

During the on-site inspection on 04/02/2025, the fire door leading outside was not weathertight; there was water on the floor.

R 400.14403	Maintenance of premises.
	(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 on-site inspection on 04/02/2025, the hallway bathroom floor upstairs was sticky due to Resident A urinating on the floor.

R 400.14403	Maintenance of premises.
	(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 the on-site inspection on 04/02/2025, the hallway bathroom's sink upstairs was not draining properly.

REPEAT VIOLATION ESTABLISHED:
LSR dated 04/03/2023; CAP dated 04/03/2023
LSR dated 03/16/2021; CAP dated 03/16/2021

A corrective action plan was requested and approved on 04/02/2025. 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 and special certification.

IV. RECOMMENDATION

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



04/03/2025

Frodet Dawisha
Licensing Consultant

Date