



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 20, 2025

Danielle Jones
Radclift, Inc
23530 Radclift
Oak Park, MI 48237

RE: Application #: AS630419700
Murrell House
23280 Harding St
Oak Park, MI 48237

Dear Ms. Jones:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 320-3721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419700
Applicant Name:	Radclift, Inc
Applicant Address:	23530 Radclift Oak Park, MI 48237
Applicant Telephone #:	(248) 569-9197
Administrator/Licensee Designee:	Danielle Jones
Name of Facility:	Murrell House
Facility Address:	23280 Harding St Oak Park, MI 48237
Facility Telephone #:	(248) 971-3207
Application Date:	06/26/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/26/2025	Enrollment
06/26/2025	PSOR on Address Completed
06/26/2025	Application Incomplete Letter Sent 1326/RI030
06/26/2025	Contact - Document Sent Forms sent
08/07/2025	Contact - Document Received RI030.
08/07/2025	Contact - Document Sent Sent and email to the licensee letting them know we are still missing the 1326 and attached a copy of the form that they can fill out and email back to me.
08/12/2025	Contact - Document Received 1326.
08/12/2025	Comment FP sent to Ashley.
08/14/2025	File Transferred To Field Office
08/19/2025	Application Incomplete Letter Sent
09/18/2025	Contact - Document Received Documents received.
10/09/2025	Contact - Document Received I received the final requested documents.
10/15/2025	Application Complete/On-site Needed
10/30/2025	Inspection Completed On-site
10/30/2025	Inspection Completed-BCAL Full Compliance
11/03/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 06/26/2025, the department received a license application from Radcliff, Inc, a domestic nonprofit corporation, for operation of an Adult Foster Care Group Home at the above referenced address in Oak Park, Michigan. Radcliff Inc. is seeking to operate a program of care and services for up to six (6) adults of either sex, ages 18-99, who are developmentally disabled or mentally ill.

A. Physical Description of Facility

Murrell House is a ranch style home with a basement. The home is in the city of Oak Park. The front entry leads to a living room that is fully furnished and has a television, there are enough seats for at least six people. To the right of the living room is a hallway with three bedrooms, one with a private bathroom, and another bathroom for residents' use. Through the living room and to the right is a dining room with a small dining table with four chairs and to the left of that is a large kitchen with another dining table with six chairs. Off the kitchen is an office for staff purposes. There are multiple hall closets, one with a lock on it that will be used for medication storage and another locked one for storage of cleaning products.

The laundry and furnace room are in the basement. The home is not wheelchair accessible and has two approved means of egress. Radcliff Inc will not be accepting residents in wheelchairs at this time.

Murrell House receives trash, water and sewer services through the city of Oak Park.

The gas furnace and hot water heater are in a room in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Emergency response services for Murrell House are available through the city of Oak Park. Medical services are available through Henry Ford Providence Hospital and Corewell Health William Beaumont University Hospital. This group home will provide transportation.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' x 11'	154	2
2	10'11" x 11'11"	130.09	2
3	13'4" x 15'1"	201	2

Total capacity: 6

The living room is **250.15** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory adults of either gender, whose diagnosis is developmental disability or mentally ill. In addition to basic room and board, Murrell House will provide 24-hour supervision, administration of medications, and assistance with personal care that is consistent with each individual resident's written assessment plan. The applicant intends to accept residents through Oakland County Health Network (OCHN) and will be seeking a special certification for developmental disabilities and mentally ill.

The facility will make provision for a variety of leisure and recreational equipment. The home has an enclosed porch, overlooking a large backyard. Ms. Jones stated she is seeking a special certification for developmentally disabled and the residents would participate in a day program during the week. She also informed me that she will assist residents in attending the religious services of their choice.

C. Applicant and Administrator Qualifications

The applicant is Radcliff Inc, a domestic limited liability company that was established in Michigan on 12/03/2001. Radcliff Inc. is in good standing. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Radcliff Inc. have submitted documentation appointing Danielle Jones as licensee designee and administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Jones. Ms. Jones submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Jones provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Jones earned a Master of Public Health degree in 2020. She has worked for Radcliff Inc, since 2010 and has worked as a home manager and is currently the director of operations and finance. She is also employed as a section manager for the Michigan Public Health Institute. She has previous experience as a community health navigator, a senior clinical administrative coordinator, and a COVID-19 vulnerable population liaison and testing implementation manager. Ms. Jones has provided training certificates for administration of medication, cardiopulmonary resuscitation, financial and administrative management, first aid, knowledge of the needs of the population served, nutrition, personal care supervision and protection, prevention and containment of communicable diseases, reporting requirements, resident rights, safety and fire prevention, and Adult Foster Care as Defined in the Act: A Regulatory Definition: Michigan.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to- 6 residents per shift. Ms. Jones acknowledges that the staff- to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Jones acknowledged that at no time will this facility rely on “roaming staff” that staff that are on duty and working at another facility to be considered part of this facility’s staff-to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Jones acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff- to- resident ratio.

Ms. Jones acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Jones acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can

administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in locked lockers and that daily medication logs will be maintained on each resident receiving medication.

Ms. Jones acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Jones acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents.

Ms. Jones acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Jones acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Jones acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Jones acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Jones acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Jones acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Jones indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Jones acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Ms. Jones has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Jones acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Jones acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. Jones was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to Murrell House, a small group home with a capacity of **six (6)**.

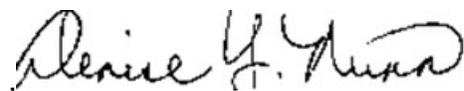


11/03/2025

Sara Shaughnessy
Licensing Consultant

Date

Approved By:



11/20/2025

Denise Y. Nunn
Area Manager

Date