



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**  
REGION III  
2056 WESTINGS AVENUE, SUITE 400  
NAPERVILLE, IL 60563-2657

September 3, 2025

EAF-RIII-2025-0109  
EN 57601  
NMED No. 250115 (Closed)  
NMED No. 250019 (Closed)

Kristen Cavender  
Vice President, Regional Shared Services  
Beaumont Health d/b/a Corewell Health –  
Southeast Michigan  
3601 W. 13 Mile Rd.  
Royal Oak, MI 48073

SUBJECT: NOTICE OF VIOLATION; NRC ROUTINE INSPECTION REPORT NO.  
03002006/2025001 (DRSS) – BEAUMONT HEALTH D/B/A COREWELL HEALTH –  
SOUTHEAST MICHIGAN

Dear Kristen Cavender:

This letter refers to the inspection conducted on January 6, 2025, through January 10, 2025, at your facilities in the Detroit, Michigan, metropolitan area, with continued in-office review through May 30, 2025. The purpose of the inspection was to review activities performed under your U.S. Nuclear Regulatory Commission (NRC) license to ensure that activities were being performed in accordance with NRC requirements. The purpose of the in-office review was to review information that was made available after the onsite inspection. During the inspection, four apparent violations of NRC requirement were identified. The circumstances surrounding the apparent violations, the significance of the issues, and the need for lasting and effective corrective actions were discussed with you during a final exit briefing on May 30, 2025. Inspection Report No. 03002006/2025001 (DRSS) was issued on June 27, 2025, and can be found in the NRC's Agencywide Documents Access and Management System (ADAMS) at accession number ML25155A018. ADAMS is accessible from the NRC website at <http://www.nrc.gov/reading-rm/adams.html>.

In the letter transmitting the inspection report, we provided you with the opportunity to address the apparent violations identified in the report by either attending a predecisional enforcement conference or by providing a written response before we made our final enforcement decision. In a letter dated July 22, 2025, (non-public) you provided a response to the apparent violations.

Based on the information developed during the inspection and the information that you provided in your response to the inspection report dated July 22, 2025, the NRC has determined that four violations of NRC requirements occurred. Three of these violations are cited in the enclosed Notice of Violation (Notice), and the circumstances surrounding them are described in detail in the subject inspection report. Two of these violations (Violations A and B) involved the failure to secure access to licensed materials and the failure to control and maintain constant surveillance of licensed material. The failure to properly secure access to and control and maintain constant surveillance of licensed material is of significant concern to the NRC because of the potential for unauthorized individuals to gain access or control of the radioactive material and misuse it.

Therefore, these violations have been categorized in accordance with the NRC Enforcement Policy at Severity Level III. The NRC also includes significant enforcement actions on its website at <https://www.nrc.gov/reading-rm/doc-collections/enforcement/actions/index.html>.

In accordance with the NRC Enforcement Policy, a base civil penalty in the amount of \$9,000 is considered for a Severity Level III violation.

Because your facility has not been the subject of escalated enforcement actions within the last two years or two inspections, the NRC considered whether credit was warranted for *Corrective Action* for these two violations in accordance with the civil penalty assessment process in Section 2.3.4 of the Enforcement Policy. In your response, you identified the following actions to correct and prevent recurrence of Violation A: (1) installation of a "prop door alarm" and electronic identification badge card reader, (2) relocation of the department technologist workstation to better monitor individuals entering the Nuclear Medicine suite, (3) retraining of staff, (4) review of security of other licensed materials under the license, and (5) enhancement of facility audits. You also identified the following actions to correct and prevent recurrence of Violation B: (1) improvements to project management for Nuclear Medicine/Radiation Oncology Projects, (2) communication of Nuclear Medicine cameras with intrinsic sources to Biomedical Engineering and Project Management for awareness, and (3) policy revision to require the Radiation Safety Officer (RSO) or RSO designate to verify source removal. The NRC staff determined that credit for *Corrective Action* is warranted for both violations.

Therefore, to encourage prompt identification and comprehensive correction of violations, and in recognition of the absence of previous escalated enforcement action, I have been authorized, after consultation with the Director, Office of Enforcement, not to propose a civil penalty in these cases. However, significant violations in the future could result in a civil penalty. In addition, issuance of these Severity Level III violations constitutes escalated enforcement action that may subject you to increased inspection effort.

Violation C is also cited in the enclosed Notice and was determined to be Severity Level IV. This violation involved the failure of an employee to wear assigned dosimetry. This violation was also evaluated in accordance with the NRC Enforcement Policy. The violation is cited in the Notice because it was identified by the inspector.

The NRC also determined that one additional Severity Level IV violation of NRC requirements occurred associated with the failure to have a written directive dated and signed by an authorized user before the administration. Because you identified the issue and corrected it within a reasonable period of time and the issue was not repetitive or willful, this violation is being treated as a non-cited violation (NCV), consistent with Section 2.3.2 of the Enforcement Policy. The NCV is described in the subject inspection report. If you contest the violation or significance of the NCV, you should provide a response within 30 days of the date of this inspection report, with the basis for your denial, to the Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington DC 20555-0001, with copies to: (1) the Regional Administrator, Region III, and (2) the Director, Office of Enforcement, United States Nuclear Regulatory Commission, Washington, DC 20555-0001.

The NRC has concluded that information regarding: (1) the reason for the violations; (2) the corrective actions that have been taken and the results achieved; and (3) the date when full compliance was achieved is already adequately addressed on the docket in Inspection Report No. 03002006/2021001, and your letter dated July 22, 2025. Therefore, you are not required to respond to this letter unless the description therein does not accurately reflect your corrective actions or your position. In that case, or if you choose to provide additional information, you should follow the instructions specified in the enclosed Notice.

In accordance with 10 CFR 2.390 of the NRC's "Agency Rules of Practice and Procedure," a copy of this letter, its enclosure, and your response, if you choose to provide one, will be made available electronically for public inspection in the NRC Public Document Room and in ADAMS, accessible from the NRC website at <http://www.nrc.gov/reading-rm/adams.html>. To the extent possible, any response should not include any personal privacy, proprietary, or safeguards information so that it can be made publicly available without redaction.

If you have any questions concerning this matter, please contact Diana Betancourt-Roldan, Enforcement and Investigations Officer, at 630-810-4373.

Sincerely,



Signed by Giessner, Jack  
on 09/03/25

John B. Giessner  
Regional Administrator

Docket No. 030-02006  
License No. 21-01333-01

Enclosure: Notice of Violation

cc (w/encl): I. Lake, Radiation Safety Officer  
B. Elshahat, Associate Radiation  
Safety Officer  
State of Michigan

Letter to K. Cavender from J. Giessner dated September 3, 2025

SUBJECT: NOTICE OF VIOLATION; NRC ROUTINE INSPECTION REPORT NO.  
03002006/2025001 (DRSS) – BEAUMONT HEALTH D/B/A COREWELL HELATH –  
SOUTHEAST MICHIGAN

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OFFICE	RIII-EICS		RIII-DRSS		RIII-DRSS		OE	
NAME	JDraper:bw		REdwards		JHeck		CRivera Diaz for JPeralta	
DATE	8/27/2025		8/29/2025		8/29/2025		9/2/2025	
OFFICE	RIII-EICS		RIII-ORA					
NAME	DBetancourt- Roldan		JGiesser					
DATE	9/2/2025		9/3/2025					

**OFFICIAL RECORD COPY**

## NOTICE OF VIOLATION

Beaumont Health  
d/b/a Corewell Health – Southeast Michigan  
Royal Oak, Michigan  
EAF-R111-2025-0109

Docket No. 030-02006  
License No. 21-01333-01

During an NRC inspection conducted on January 6, 2025, through January 10, 2025, with continued in-office review through May 30, 2025, violations of NRC requirements were identified. In accordance with the NRC Enforcement Policy, the violations are listed below:

- A. Title 10 of the *Code of Federal Regulations* (10 CFR) 20.1801 requires that a Licensee shall secure from unauthorized removal or access licensed materials that are stored in controlled or unrestricted areas.

Contrary to the above, on January 6, 2025, the Licensee failed to secure access to licensed materials that were stored in a controlled area. Specifically, the Licensee left the door of the hot lab propped open which allowed access to 0.154 millicuries (mCi) of barium-133, 4.319 mCi of cobalt-57, 0.504 mCi of cesium-137, 0.204 mCi of europium-152, 2.01 mCi of iodine-131, and 32.48 mCi of technetium-99m that was being stored in a controlled area.

This is a Severity Level III violation (Section 6.7).

- B. Title 10 CFR 20.1802 requires that a Licensee shall control and maintain constant surveillance of licensed material that is in a controlled or unrestricted area and that is not in storage.

Contrary to the above, between March 6, 2025, and March 25, 2025, the Licensee failed to control and maintain constant surveillance of licensed material that was in an unrestricted area and that was not in storage. Specifically, the Licensee failed to control one germanium-68 sealed source, with a nominal activity of 1.49 millicuries, located in a positron emission tomography camera that was loaded on a trailer truck for transport and subsequently transferred to a subcontractor's warehouse, which were both unrestricted areas.

This is a Severity Level III violation (Section 6.7).

- C. License Condition 23 of License No. 21-01333-01, dated December 13, 2024, requires, in part, that the Licensee conduct its program in accordance with the statements, representations, and procedures contained in the application dated November 13, 2023.

Section 8.10.6.1 of the application dated November 13, 2023, states, in part, that individuals handling radioactive material are to: (1) wear the assigned radiation badge in the correct location at all times when in areas where radioactive material is used or stored; and (2) wear the assigned radiation monitoring ring badge at all times while eluting generators, preparing radiopharmaceuticals, performing quality control, dispensing and administering doses.

Enclosure

Contrary to the above, on January 6, 2025, the Licensee failed to conduct its program in accordance with the statements, representations, and procedures contained in the application dated November 13, 2023. Specifically, one individual handling radioactive material, preparing radiopharmaceuticals, performing quality control, and dispensing doses failed to: (1) wear the assigned radiation badge in the correct location, and (2) wear the assigned radiation monitoring ring badge at all times while preparing radiopharmaceuticals, performing quality control, and dispensing.

This is a Severity Level IV violation (Section 6.3).

The NRC has concluded that information regarding the reason for the violations, the corrective actions taken and planned to correct the violation and prevent recurrence, and the date when full compliance was achieved, is already adequately addressed on the docket in Inspection Report No. 03002006/2025001 and the letter from Licensee dated July 22, 2025. However, the Licensee is required to submit a written statement or explanation pursuant to 10 CFR 2.201 if the description therein does not accurately reflect the Licensee's corrective actions or position. In that case, or if the Licensee chooses to respond, the Licensee should clearly mark its response as a "Reply to a Notice of Violation, (EAF-RIII-2025-0109)," and send it to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555-0001 with a copy to the Regional Administrator, Region III, 2056 Westings Avenue, Naperville, IL 60563 within 30 days of the date of the letter transmitting this Notice of Violation (Notice).

If the Licensee chooses to respond, the response will be made available electronically for public inspection in the NRC Public Document Room or in the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC website at <http://www.nrc.gov/reading-rm/adams.html>. Therefore, to the extent possible, the response should not include any personal privacy, proprietary, or safeguards information so that it can be made available to the public without redaction.

In accordance with 10 CFR 19.11, the Licensee may be required to post this Notice within two working days of receipt.

Dated this 3rd day of September 2025.