



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 17, 2017

Konjit Bitew  
Quality Afc Homes Inc.  
PO Box 1094  
Bloomfield Hills, MI 48303-1094

RE: License #: AL630088248  
Investigation #: **2018A0993004**  
**Quality AFC #2**

Dear Ms. Bitew:

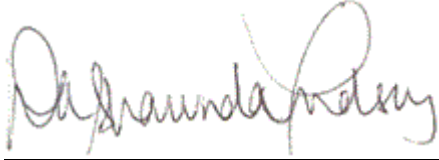
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey". The signature is written in a dark ink and is positioned above a horizontal line.

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630088248
<b>Investigation #:</b>	2018A0993004
<b>Complaint Receipt Date:</b>	10/27/2017
<b>Investigation Initiation Date:</b>	10/27/2017
<b>Report Due Date:</b>	12/26/2017
<b>Licensee Name:</b>	Quality Afc Homes Inc.
<b>Licensee Address:</b>	Po Box 431425 Pontiac, MI 48343
<b>Licensee Telephone #:</b>	(248) 335-7034
<b>Administrator:</b>	Konjit Bitew
<b>Licensee Designee:</b>	Konjit Bitew
<b>Name of Facility:</b>	Quality AFC #2
<b>Facility Address:</b>	529 Orchard Lake Rd. Pontiac, MI 48341
<b>Facility Telephone #:</b>	(248) 335-7034
<b>Original Issuance Date:</b>	10/06/1999
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/12/2017
<b>Expiration Date:</b>	07/11/2019
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
There was no staff present in the facility with the residents.	Yes

## III. METHODOLOGY

10/27/2017	Special Investigation Intake 2018A0993004
10/27/2017	Special Investigation Initiated - On Site Conducted an unannounced inspection
10/31/2017	APS Referral Reported allegations to adult protective services (APS)
11/03/2017	Inspection Completed On-site Conducted an unannounced inspection
11/03/2017	Exit Conference Exit conference with licensee designee Konjit Bitew

### ALLEGATION:

**There was no staff present in the facility with the residents.**

### INVESTIGATION:

On 10/27/2017, while conducting an unannounced inspection of an adjoined licensed adult foster care facility, I observed there were no staff present in the facility with the residents. I interviewed the adjoined licensed adult foster care facility staff Chris Dunleavy. She reported staff Isaac Knight left the facility to transport some of the residents to their day programs. Ms. Dunleavy reported Mr. Knight asked her to look after the residents in the facility that he was staffing. I walked through the facility and confirmed that there was no staff present in the facility with the residents.

On 11/03/2017, I conducted an unannounced inspection of the facility. I interviewed licensee designee Konjit Bitew and Ms. Knight. Ms. Bitew reported there was two staff scheduled to work in the facility on 10/27/2017, but one of the staff called in sick. Ms. Bitew reported when she was made aware of the allegations she informed staff they are not to allow to leave residents unsupervised in the facility.

Mr. Knight confirmed he left residents unsupervised in the facility on 10/27/2017 while he transported other residents to their day programs. He stated he asked Ms. Dunleavy to supervise the residents left in the facility. Mr. Knight stated he was unaware that

asking Ms. Dunleavy, who was working in the adjoined licensed adult care facility, to supervise the residents was not allowed.

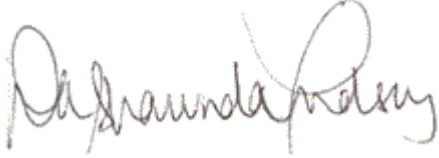
On 11/03/2017, I conducted an exit conference with licensee designee Konjit Bitew. I informed her of the findings. She agreed to submit a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</b>
<b>ANALYSIS:</b>	On 10/27/2017, Mr. Knight left residents unsupervised in the facility while he transported other residents to their day programs.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	On 10/27/2017, Mr. Knight left residents unsupervised in the facility while he transported other residents to their day programs.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

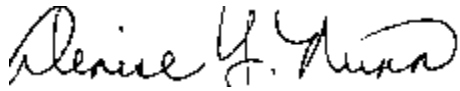


11/14/2017

DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



11/17/2017

Denise Y. Nunn  
Area Manager

Date