

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 17, 2019

Patricia Thomas Quest, Inc 36141 Schoolcraft Road Livonia, MI 48150-1216

RE: License #: AS820393001

Dover

27408 Dover

Livonia, MI 48150

Dear Mrs. Thomas:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (313) 456-0380.

Sincerely,

Edith Richardson, Licensing Consultant

Zace RRhe

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

Detroit, MI 48202 (313) 919-1934

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

I. IDENTIFYING INFORMATION

License #: AS820393001

Licensee Name: Quest, Inc

Licensee Address: 36141 Schoolcraft Road

Livonia, MI 48150-1216

Licensee Telephone #: (734) 458-8140

Licensee/Licensee Designee: Patricia Thomas, Designee

Administrator: Jacqueline Oparaeke

Name of Facility: Dover

Facility Address: 27408 Dover

Livonia, MI 48150

Facility Telephone #: (734) 838-3400

Original Issuance Date: 10/05/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2019	
Date of Bureau of Fire Services Inspection if applicable:	
Date of Health Authority Inspection if applicable:	
Insp	ection Type: Interview and Observation Worksheet Combination Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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. N/A
•	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 determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 years regular adult foster care license.

Zer AR LLL
Edith Richardson

Licensing Consultant

05/17/2019

Date