



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 2, 2021

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

RE: Application #: AS820407566  
South Gibraltar  
30443 Jefferson  
Gibraltar, MI 48173

Dear Mrs. Thomas:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AS820407566  |
| <b>Applicant Name:</b>                  | Quest, Inc   |
| <b>Applicant Address:</b>               | 36141 Schoolcraft Road<br>Livonia, MI 48150-1216   |
| <b>Applicant Telephone #:</b>           | (734) 838-3400                                     |
| <b>Administrator/Licensee Designee:</b> | Renea Humphrey/Patricia Thomas                     |
| <b>Name of Facility:</b>                | South Gibraltar                                    |
| <b>Facility Address:</b>                | 30443 Jefferson<br>Gibraltar, MI 48173             |
| <b>Facility Telephone #:</b>            | (734) 675-8399                                     |
| <b>Application Date:</b>                | 03/05/2021   |
| <b>Capacity:</b>                        | 6  |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED |

## II. METHODOLOGY

|            |  |
|------------|--|
| 03/05/2021 | Enrollment   |
| 03/05/2021 | Application Incomplete Letter Sent<br>AFC 100, 1326  |
| 03/24/2021 | Contact - Document Received<br>1326, AFC 100   |
| 05/14/2021 | Application Incomplete Letter Sent<br>Sent email requesting required documents to move forward with licensure.           |
| 05/26/2021 | Contact - Document Received<br>Received and reviewed policies and procedures.  |
| 05/26/2021 | SC-Application Received - Original   |
| 06/08/2021 | Contact - Document Sent<br>Send email to licensee designee Patricia Thomas requesting additional documents not received. |
| 07/13/2021 | Contact - Document Received<br>Received requested documents and corporate filed created by consultant D. Walker.         |
| 07/13/2021 | Application Complete/On-site Needed  |
| 07/29/2021 | Inspection Completed On-site   |
| 07/29/2021 | Inspection Completed-BCAL Full Compliance  |
| 07/29/2021 | SC-Inspection Completed On-Site  |
| 07/29/2021 | SC-Recommend DD  |
| 07/29/2021 | Recommend License Issuance   |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

South Gibraltar Home is located in the downriver city of Gibraltar in the county of Wayne. This ranch style home has a brick reddish-brown exterior on the front, while the sides and back of the home is white vinyl siding. The home has a two-car attached garage, with a long cement driveway that provides ample parking for visitors and staff. The home is situated on a large 1-acre lot and is nicely landscaped.

The home meets the criteria for wheelchair accessibility. The home does not require wheelchair ramps as it is ground level. Both approved means of egress provide free and unobstructed egress to the exterior of the home.

The home has a kitchen, living room, dining room, family room, staff office, laundry room, four resident bedrooms and two full bathrooms. The living, dining, and family rooms measure a total of 668 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace and hot water heater were inspected on 10/20/20 and were found to be operating in safe condition.

The facility is equipped with interconnected, hardwire smoke detection system, with battery a backup, which was installed by a licensed electrician and is fully operational. The fire alarm system and sprinklers were inspected on 02/23/21 and are both in good working condition.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 15'1"x11'1"     | 167 sq. ft.          | 2                   |
| 2         | 15'1"x 10'11"   | 165 sq. ft.          | 2                   |
| 3         | 15'1"x10'1"     | 152 sq. ft.          | 1                   |
| 4         | 11'x15'1"       | 166 sq. ft.          | 1                   |

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 licensee designee intends to provide 24-hour supervision, protection, personal care in addition to room and board to **six** (6) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, if necessary.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

## **C. Applicant and Administrator Qualifications**

The licensee is Quest, Inc., which is a "Non Profit Corporation" established in Michigan, on 06/29/1983. 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 Board of Directors of Quest, Inc., has submitted documentation appointing Patricia Thomas as Licensee Designee and Renea Humphrey as Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. Patricia Thomas and Renea Humphrey submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification 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.

The licensee designee 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](http://www.miltcpartnership.org)), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

The licensee designee 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. The applicant 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.

The licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their

responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee designee 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.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

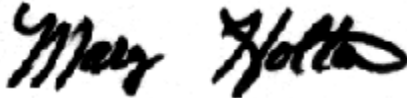


08/02/2021

Pandrea Robinson  
Licensing Consultant

Date

Approved By:



08/02/2021

Mary Holton  
Area Manager

Date