



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 8, 2021

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

RE: License #: AL630088028  
**Quality AFC #1**  
**523 Orchard Lake Rd.**  
**Pontiac, MI 48342**

Dear Ms. Bitew:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee and a date.

A second six-month provisional license is recommended as the home has been condemned and you have been unable to complete the necessary physical plant repairs. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630088028
<b>Licensee Name:</b>	Quality AFC Homes Inc.
<b>Licensee Address:</b>	Po Box 431425 Pontiac, MI 48343
<b>Licensee Telephone #:</b>	(248) 891-2543
<b>Licensee Designee:</b>	Konjit Bitew
<b>Administrator:</b>	Konjit Bitew
<b>Name of Facility:</b>	Quality AFC #1
<b>Facility Address:</b>	523 Orchard Lake Rd. Pontiac, MI 48342
<b>Facility Telephone #:</b>	(248) 335-7034
<b>Original Issuance Date:</b>	10/06/1999
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/02/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Meal preparation / service observed? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Fire drills reviewed? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Fire safety equipment and practices observed? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Incident report follow-up? Yes  No  If no, explain. The home has been condemned and there are currently no residents in care.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 2/16/2021 - R.400.15403(1) 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 found to be in non-compliance with the following rules:

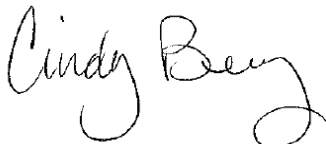
**R 400.15403          Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

On 11/20/2020, there was a fire in the attic of the facility causing severe smoke damage and ultimately resulting in the facility being condemned by the City of Pontiac fire marshal. The home is no longer considered a safe place of residence for the residents.

**IV. RECOMMENDATION**

A recommendation of provisional license was issued on 02/19/2021 due to a fire that took place in the home on 11/20/2020. As a result of the fire, the home was condemned by the City of Pontiac on 11/20/2020. Contingent upon receipt of an acceptable corrective action plan, another six-month provisional license is recommended.



09/09/2021

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Cindy Berry  
Licensing Consultant

Date

Approved By:



10/08/2021

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Denise Y. Nunn  
Area Manager

Date