



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 1, 2022

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

RE: License #: AS820383337
Investigation #: 2023A0992006
Riverdale

Dear Mrs. Thomas:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denasha Walker', with a stylized flourish at the end.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820383337
Investigation #:	2023A0992006
Complaint Receipt Date:	09/08/2022
Investigation Initiation Date:	09/09/2022
Report Due Date:	11/07/2022
Licensee Name:	Quest, Inc
Licensee Address:	36141 Schoolcraft Road Livonia, MI 48150-1216
Licensee Telephone #:	(734) 838-3400
Administrator:	Patricia Thomas
Licensee Designee:	Patricia Thomas
Name of Facility:	Riverdale
Facility Address:	9188 Riverdale Redford, MI 48239
Facility Telephone #:	(313) 286-3016
Original Issuance Date:	08/05/2016
License Status:	REGULAR
Effective Date:	02/05/2021
Expiration Date:	02/04/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 09/02/2022, Staff Isha Bey and Jordan Jones were on shift. Jordan said she did not feel well and left without notice, leaving one staff on shift with four residents that are non-ambulatory. There is insufficient staffing.	Yes

III. METHODOLOGY

09/08/2022	Special Investigation Intake 2023A0992006
09/08/2022	APS Referral
09/09/2022	Special Investigation Initiated - Telephone Delisa Wideman, home manager
09/09/2022	Contact - Telephone call made Patricia Thomas, licensee designee was not available. Message left.
09/12/2022	Contact - Telephone call received Ms. Thomas
09/21/2022	Contact - Telephone call made Isha Bey, direct care staff.
09/21/2022	Contact - Telephone call made Ms. Wideman
09/23/2022	Contact - Telephone call made Jordan Jones, direct care staff was not available. Message left.
09/28/2022	Contact - Telephone call made Ms. Jones was not available. Message left.
10/18/2022	Exit Conference Ms. Thomas
10/21/2022	Contact - Telephone call received Vickie Adams, Office of Recipient Rights

ALLEGATION: On 09/02/2022, Staff Isha Bey and Jordan Jones were on shift. Jordan said she did not feel well and left without notice, leaving one staff on shift with four residents that are non-ambulatory. There is insufficient staffing.

INVESTIGATION: It should be noted an open investigation was pending (2022A0992032) at the time this intake was received. During the previous investigation, I received and reviewed Residents A-D's individual plan of service, which were included and referenced in this investigation.

On 09/09/2022, I contacted Delisa Wideman, home manager and interviewed her regarding the allegations, in which she confirmed. She said Isha Bey and Jordan Jones, direct care staff were on shift and Ms. Jones was not feeling well. She said Ms. Jones told Ms. Bey she was leaving, and Ms. Bey asked her if she could hold-on while she contacted management but instead Ms. Jones left, leaving one staff on shift. Ms. Wideman said as soon as she was notified, she immediately went onsite. She said it took her twelve minutes from the time she was notified until she arrived onsite. Ms. Wideman said no one was injured, it was just the fact that the home always requires a minimum of two staff.

On 09/09/2022, I reviewed a copy of Residents A-D's IPOS and none require 1:1 staffing. However, Resident A requires a wheelchair and monitoring every 30 minutes because he can wheel himself and will attempt to get out of his wheelchair to stand/walk. Staff must monitor to prevent him from getting out of the wheelchair and falling. Resident B utilizes a manual wheelchair for mobility and requires staff to propel it. He requires visual monitoring every 30 minutes. Resident C has an unsteady gait and staff must always be aware of his whereabouts and visually check every hour. Resident D utilizes a power wheelchair and requires total assistance.

On 09/12/2022, I was contacted by Patricia Thomas, licensee designee. I interviewed her regarding the allegations, in which she confirmed. She said from her understanding there were two staff on shift and one staff left, leaving on staff in the home. Ms. Thomas said Ms. Wideman or Kenya McIver should be able to provide any information I need to complete the investigation. I explained that I would follow-up with her upon completion of the investigation to conduct an exit conference, in which she agreed.

On 09/21/2022, I contacted Ms. Bey in attempt to interview her regarding the allegations. Ms. Bey made me aware that she is no longer employed at the facility. I explained I would like to discuss the allegations with her, and she said she is no longer employed at that facility. I thanked Ms. Bey for her time and the call was discontinued.

On 09/21/2022, I made follow-up contact with Ms. Wideman and she confirmed Ms. Bey is no longer employed with the company. She said Ms. Bey was a no-call/no-show on 09/06/2022 and never returned.

On 10/18/2022, I contacted Ms. Thomas and conducted an exit conference. I made her aware of my efforts to contact Ms. Jones but to no avail. Ms. Thomas made me aware that Ms. Jones and Ms. Bey are no longer employed with the company. I further explained that based on information received, there is evidence to support the allegations of insufficient staffing. I explained that based on residents needs including Residents A, B, and D requiring a wheelchair and Resident C's unsteady gait requiring staff assistance, one staff is unable to meet the needs of the residents. Ms. Thomas said she understood. I made her aware that due to the violation identified in the report, a written corrective action plan is required, which Ms. Thomas agreed to submit.

On 10/21/2022, I was contacted by Vickie Adams, Office of Recipient Rights (ORR) regarding the referral previously submitted to ORR. She confirmed the referral was received.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(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.
ANALYSIS:	<p>During this investigation, I interviewed Patricia Thomas, licensee designee and Delisa Wideman, home manager both of which confirmed the allegations. I also reviewed Residents A-D's IPOS. Residents A, B, and D require a wheelchair and Resident C unsteady gait requiring staff assistance. One staff is unable to meet the needs of Residents A-D as specified in the resident care agreement and assessment plan.</p> <p>Based on the investigative findings, there is sufficient evidence to support the allegations. This allegation is substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend the status of the license remain unchanged



11/01/2022

Denasha Walker
Licensing Consultant

Date

Approved By:



11/01/2022

Ardra Hunter
Area Manager

Date