



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

March 8, 2023

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

RE: License #: AS500012000
Investigation #: 2023A0604008
Weyer Afc

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500012000
Investigation #:	2023A0604008
Complaint Receipt Date:	01/12/2023
Investigation Initiation Date:	01/12/2023
Report Due Date:	03/13/2023
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:	Weyer Afc
Facility Address:	5801 37 Mile Road Romeo, MI 48065
Facility Telephone #:	(810) 798-2517
Original Issuance Date:	02/19/1991
License Status:	REGULAR
Effective Date:	08/19/2021
Expiration Date:	08/18/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A has been hospitalized at least three times since 11/04/2022. She was hospitalized from 11/04/2022- 11/09/2022 for aspiration pneumonia. There is concern that Resident A is over medicated.	No
Additional Findings	Yes

III. METHODOLOGY

01/12/2023	Special Investigation Intake 2023A0604008
01/12/2023	APS Referral Referral sent to licensing by Adult Protective Services (APS)
01/12/2023	Special Investigation Initiated - Letter Returned email from APS Worker, Emily Poley
01/13/2023	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed Home Manager Cherie Hurt, Staff Jamie Chaney and Resident A.
01/13/2023	Contact - Document Sent Email to Nicole Hagood requesting resident records. Received return email.
01/17/2023	Contact - Document Received Received incident reports by email/fax from Nicole Hagood.
01/17/2023	Contact - Document Received Received medication logs, health care chronological and assessment plan from Nicole Hagood by email/fax.
01/17/2023	Contact - Document Sent Email to Nicole Hagood
01/23/2023	Contact - Document Received Email from Emily Poley. APS will be closing their case unsubstantiated.
01/23/2023	Contact - Document Sent Email to Emily Poley.

03/01/2023	Contact- Telephone call made TC to Nicole Hagood
03/03/2023	Contact- Document Received Email from Nicole Hagood. Sent return email.
03/03/2023	Exit Conference Completed exit conference by phone with Administrator, Nicole Hagood

ALLEGATION:

Resident A has been hospitalized at least three times since 11/04/2022. She was hospitalized from 11/04/2022 - 11/09/2022 for aspiration pneumonia. There is concern that Resident A is over medicated.

INVESTIGATION:

I received a complaint regarding the Weyer Afc home on 01/12/2023. It was alleged that Resident A resides in the group home and her diagnoses are cerebral palsy, schizophrenia, bipolar disorder, and dissociative identify disorder. Resident A is wheelchair bound. Prior to April 2022, Resident A's only diagnosis was cerebral palsy. In April 2022, she began living in her current group home. Ever since then, Resident A has been prescribed a plethora of psychiatric medications and has been diagnosed with the aforementioned psychiatric conditions. Since 11/04/2022, Resident A has been hospitalized at least three times at Henry Ford Hospital Macomb. November 4 - November 9, she was hospitalized for aspiration pneumonia. On November 11th Resident A went back to the hospital because she coughed during breakfast, and she was not being observed at the time. The group home staff called 911 due to Resident A's history of aspiration.

On 01/13/2023, I completed an unannounced onsite investigation at Weyer Afc. I interviewed Home Manager Cherie Hurt, Staff Jamie Chaney and Resident A.

On 01/13/2023, I interviewed Home Manager, Cherie Hurt. Ms. Hurt stated that Resident A moved to Weyer Afc in April 2022. Prior to moving into the home, Resident A was at the MediLodge. Ms. Hurt stated that APS has already been out to the home. The hospital believes that Resident A is being overmedicated, however, Resident A is only given medications she is prescribed. Resident A is seen by a psychiatrist through Training & Treatment Innovations (TTI) and did not have all her current diagnosis prior to moving into home. Ms. Hurt stated that Resident A has been hospitalized 5-6 times since November. She choked at school and had aspiration pneumonia. She was home for a couple of days and choked during breakfast, so staff called 911. She was sent back to hospital and was there for a couple of weeks. Resident A had a peg tube put in

during this second hospitalization and has not had food by mouth since. Resident A has also been hospitalized due to heart issue.

On 01/13/2023, I interviewed Staff, Jamie Chaney, at the home. She stated that staff are supervising Resident A and feeding her correctly. She did not report any concerns.

On 01/13/2023, I interviewed Resident A at the home. Resident A indicated that she was feeling better and that she likes living at the home. Resident A indicated that staff help her with feeding, and she gets all her prescribed medications. Resident A did not report any concerns regarding the home.

On 01/23/2023, I received an email from APS Worker, Emily Poley. Ms. Poley stated that APS would be closing their case and that the allegations were unsubstantiated.

On 01/17/2023, I received a copy of Resident A's Person Centered Plan (PCP) dated 06/07/2022 from Administrator, Nicole Hagood. Ms. Hagood noted that Resident A stated, "I need help" in her plan regarding psychiatric services. As part of this goal, Resident A was sent for an evaluation to receive psychiatric services. The plan also indicates that Resident A will remain on a puree diet as prescribed by MediLodge of Sterling Heights. Resident A will be given the opportunity for a swallow test and may return to normal diet upon passing swallow test. The plan also indicates that group home staff will always cut up Resident A's food into bite sized pieces upon return to normal diet.

On 01/17/2023, I received copy of Resident A's health care chronological. On 11/03/2022 there is a note indicating that Resident A's principal called and said they were giving her a drink and she started choking and turning blue. The school wanted the home to pick her up. Doctor instructed home to send her out via ambulance. Notes indicate on 11/05/2022, Resident A was given a swallow study with inconclusive results. On 11/08/2022, hospital was contacted, and hospital did another swallow study. They are keeping her on pureed food and changed liquid intake from Nectar thick to honey thick liquid. On 11/11/2022, there is a note that states "Feeding (Resident A) breakfast she drank her drink, on the last sip she sucked in deep (gasp) and started coughing really bad. Mentioned to staff that she wants to die. Think she possibly aspirated". The staff called 911. The notes indicate that Resident A had PEG tube put in on 11/18/2022. The health care chronological includes multiple contacts regarding Resident A's medical care, hospitalizations, medications, and diet.

On 01/17/2023, I received Resident A's November 2022, December 2022 and January 2023 medication logs. The medication logs indicate that staff are initialing medication logs as required when Resident A's medications are given. The medication logs also show multiple days where medications were not administered by staff due to Resident A being hospitalized.

On 01/17/2023, I received copies of Resident A's incident reports from Weyer Afc. The incident reports indicate that Resident A was sent to the hospital on the following dates:

- 11/03/2022- choking
- 11/11/2022- coughing/aspiration concern
- 12/02/2022- elevated temp/pulse, sepsis diagnosed at hospital
- 12/17/2022- rapid pulse, hospital changed food/home did not receive food order
- 01/05/2023- rapid pulse/Tachycardia
- 01/15/2023- rapid pulse/Tachycardia

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>There is not enough information to determine that Resident A's personal needs have not been met in the home resulting in her hospitalization. Resident A has had multiple medical issues since moving into the home in April 2022. Resident A was hospitalized on 11/03/2022, 11/11/2022, 12/02/2022, 12/17/2022, 01/05/2023 and 01/15/2023. Resident A has been hospitalized due to choking, aspiration, diet change rapid pulse, and sepsis.</p> <p>Home Manager, Cherie Hurt, indicated that Resident A did choke at school and at home. She had a PEG tube put in after her second hospitalization and has not had food by mouth since. Resident A's health care chronological indicates that she had a PEG tube put in on 11/18/2022. The home sought medical care and called 911 when necessary.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	There is not enough information to determine that Resident A is being overmedicated by the home. Home Manager, Cherie Hurt, indicated that Resident A is only given medications prescribed. Staff are completing medication administration records as required. Resident A began receiving psychiatric services through TTI once placed in the home and has been hospitalized six times. This has resulted in changes to Resident A's diagnoses and medications.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 01/17/2023, I received copies of Resident A's incident reports from Weyer Afc. The incident reports indicate that Resident A was sent to the hospital on 11/03/2022, 11/11/2022, 12/02/2022, 12/17/2022, 01/05/2023 and 01/15/2023. The incident reports are completed on the Macomb County Community Health form. The incident report dated 01/15/2023 is the only report that indicates it was sent to licensing.

I completed an exit conference by phone with Administrator, Nicole Hagood, on 03/03/2022. I informed her of the violations found and that a copy of the special investigation report would be mailed once approved. Ms. Hagood stated that Resident A was discharged from the home on 01/17/2023 due to her medical needs. Resident A was again at the hospital for an extended period and did not return to the home.

APPLICABLE RULE	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	<p>(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:</p> <ul style="list-style-type: none"> (b) Any accident or illness that requires hospitalization. (c) Incidents that involve any of the following: <ul style="list-style-type: none"> (ii) Hospitalization.

ANALYSIS:	Resident A was hospitalized on 11/03/2022, 11/11/2022, 12/02/2022, 12/17/2022, 01/05/2023 and 01/15/2023. Licensing was only sent an incident report for Resident A's hospitalization on 01/15/2023.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(7) A copy of the written report that is required pursuant to subrules (1) and (6) of this rule shall be maintained in the home for a period of not less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	On 01/17/2023, I received copies of incident reports for Resident A. A department form was not used. All incident reports were completed on the Macomb County Community Mental Health incident report form.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kristine Cilluffo

03/03/2023

Kristine Cilluffo
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

03/08/2023

Denise Y. Nunn
Area Manager

Date