

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 7, 2023

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

RE: License #: AS500405494

Judges Court

74957 Judges Court Romeo, MI 48065

Dear Ms. Thomas:

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 or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

Bureau of Community and Health Systems

Cadillac Place

3026 West Grand Blvd Ste 9-100

Detroit, MI 48202

(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500405494
Licensee Name:	Quest, Inc
Licensee Address:	36141 Schoolcraft Road
	Livonia, MI 48150-1216
Licensee Telephone #:	(734) 838-3400
Licensee/Licensee Designee:	Patricia Thomas
Administrator:	Nicole Hagood
Name of Facility	holes a Court
Name of Facility:	Judges Court
Facility Address:	74957 Judges Court
l acility Address.	Romeo, MI 48065
	Tromes, wii 40000
Facility Telephone #:	(586) 752-5288
Original Issuance Date:	05/19/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	11/07/2023
Date of Bureau of Fire Services Inspection i	f applicable: N/A
Date of Health Authority Inspection if applica	able: 09/12/2023
No. of staff interviewed and/or observed No. of residents interviewed and/or observe No. of others interviewed 1 Role: Ad	
 Medication pass / simulated pass observed medication passing procedure Medication(s) and medication record(s) 	
 Resident funds and associated documed Yes ⋈ No ☐ If no, explain. Meal preparation / service observed? Yes inspection did not occur during a meal of the Fire drills reviewed? Yes ⋈ No ☐ If 	∕es
Fire safety equipment and practices ob	served? Yes 🗵 No 🗌 If no, explain.
 E-scores reviewed? (Special Certification If no, explain. Water temperatures checked? Yes ∑ 	
Incident report follow-up? Yes ⊠ No [☐ If no, explain.
Corrective action plan compliance verified N/A ⊠	ed? Yes CAP date/s and rule/s:
Number of excluded employees follower	ed-up? N/A ⊠
Variances? Yes ☐ (please explain) N	o⊠ N/A □

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	 (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: (b) A description of services to be provided and the fee for the service. (c) A description of additional costs in addition to the basic fee that is charged. (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.
Resident A's resides fees.	dent care agreement did not include description of services and
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
During the onsite	inspection, I observed the following items needed maintenance:
The vent fa	n in Bathroom #1 was not securely attached to ceiling.
Bedroom #	4 had drywall damage around electrical outlet.
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection, I observed the following items needed maintenance:

- The vent fan in Bathroom #1 was filled with dust.
- The countertop backsplash was separating from wall near sink with stained caulk.

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, I observed drywall damage to walls in kitchen, living room, family room, Bedroom #1, Bedroom #2, Bedroom #3 and Bedroom #4. Areas of walls needed cleaning, patching, and painting. The walls in Bathroom #1 were covered in drip stains.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kristine Cillyfo 11/07/2023

Kristine Cilluffo Date

Licensing Consultant