



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 5, 2025

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

RE: License #: AS820383337
Riverdale
9188 Riverdale
Redford, MI 48239

Dear Patricia 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 and special certification 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denasha Walker'.

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

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

I. IDENTIFYING INFORMATION

License #: AS820383337

Licensee Name: Quest, Inc

Licensee Address: 36141 Schoolcraft Road
Livonia, MI 48150-1216

Licensee Telephone #: (734) 838-3400

Licensee/Licensee Designee: Patricia Thomas

Administrator: Kenya McIver

Name of Facility: Riverdale

Facility Address: 9188 Riverdale
Redford, MI 48239

Facility Telephone #: (313) 286-3016

Original Issuance Date: 08/05/2016

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP Dated 02/01/2023 R 400.14204 (3), R 400.14301 (9), R 400.14312 (2), R 400.14312 (4b) 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 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(e) Verification of experience, education, and training.

At the time of inspection, direct care staff Diamond Cheeks employee file did not contain verification of education.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident A's resident file did not contain a health care appraisal completed within the 90-day period before the resident's admission to the home. Resident A was admitted 06/28/2024, his health care appraisal was dated 01/30/2025.

R 400.14312 Resident medications.

- (2) Medication shall be given, taken, or applied pursuant to label instructions.

At the time of inspection, according to Resident B's medication administration records (MARs) medication was not given, taken, or applied pursuant to label instructions on the following:

OLANZAPINE TAB 10MG, take one tablet (10MG total) by mouth nightly was not given on 10/01/2024 and 10/23/2024 at 8:00 p.m.

BUSPIRONE 15MG TAB, take one tablet (15MG total) by mouth three (3) times daily was not given on 10/12/2024, 10/16/2024 at 4:00 p.m.; 10/16/2024, 10/23/2024, 10/29/2024 at 8:00 p.m., and 11/01/2024 at 8:00 a.m.

LEVEMIRE INJ FLEXPEN, inject 12 units under the skin in the morning and 15 units in the evening was not given on 10/05/2024, 10/26/2024 at 9:00 p.m.

NOVOLOG FLEC PEN 5X3, inject 3-9 units under the skin before breakfast and 4-9 units before lunch and dinner (three times a day) as direct was not given on 10/20/2024, 10/28/2024, 11/01/2024, 11/07/2024, 11/10/2024, at 12:00 p.m.; 10/21/2024, 10/27/2024 at 5:00 p.m.

***REPEAT VIOLATION* LSR DATED 01/25/2023 CAP DATED 02/01/2023.**

R 400.14312 Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.
(ii) The dosage.
(iii) Label instructions for use.
(iv) Time to be administered.
(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident B's current and past MARs did not contain the initials of the staff who administered the medication, at the time the medication was given.

LORATADINE TAB 10MG, take 1 tablet by mouth once daily was not initialed on 02/04/2025 at 8:00 a.m.

LEVOTHYROXIN TAB 100MCG, take one (1) tablet by mouth every morning on empty stomach was not initialed on 02/04/2025 at 8:00 a.m.

OLANZAPINE TAB 10MG, take one tablet (10MG total) by mouth nightly was not initialed on 10/01/2024 and 10/23/2024 at 8:00 p.m.

BUSPIRONE 15MG TAB, take one tablet (15MG total) by mouth three (3) times daily was not initialed 10/12/2024, 10/16/2024 at 4:00 p.m.; 10/16/2024, 10/23/2024, 10/29/2024 at 8:00 p.m. 11/01/2024 at 8:00 a.m.

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***REPEAT VIOLATION* LSR DATED 01/25/2023 CAP DATED 02/01/2023.**

IV. RECOMMENDATION

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



02/05/2025

Denasha Walker
Licensing Consultant

Date