



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 16, 2025

Nidhal Ghraib
Quality Care of Howell LLC
2820 N. Burkhard Road
Howell, MI 48855

RE: License #: AL470380719
Quality Care of Howell I (North Wing)
2820 N. Burkhart Road
Howell, MI 48855

Dear Mr. Ghraib:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AL470380719
Licensee Name:	Quality Care of Howell LLC
Licensee Address:	2820 N. Burkhard Road Howell, MI 48855
Licensee Telephone #:	(517) 579-2019
Licensee/Licensee Designee:	Nidhal Ghraib, Designee
Administrator:	Nidhal Ghraib
Name of Facility:	Quality Care of Howell I (North Wing)
Facility Address:	2820 N. Burkhart Road Howell, MI 48855
Facility Telephone #:	(517) 579-2019
Original Issuance Date:	01/30/2017
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/16/2025

Date of Bureau of Fire Services Inspection if applicable: 3/31/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 12
No. of others interviewed 1 Role: Licensee Designee

- 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. Licensee designee does not hold cash funds for any of the current residents.
- 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: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

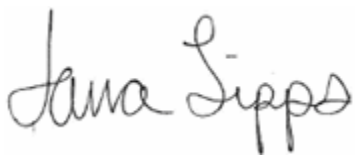
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



7/16/25

Jana Lipps
Licensing Consultant

Date