

RICK SNYDER GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER DIRECTOR

October 1, 2015

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

RE: Application #: AS630378443

Meadowood

15904 Meadowood Ave Southfield, MI 48076

Dear Ms. Thomas:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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,

Cindy Adams, Licensing Consultant

Bureau of Community and Health Systems

4th Floor, Suite 4B

51111 Woodward Avenue

Pontiac, MI 48342

(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS630378443

Applicant Name: Quest, Inc.

Applicant Address: 36141 Schoolcraft Road

Livonia, MI 48150-1216

Applicant Telephone #: (734) 458-8140

Licensee Designee: Patricia Thomas

Administrator: Linda Dunn

Name of Facility: Meadowood

Facility Address: 15904 Meadowood Ave

Southfield, MI 48076

Facility Telephone #: (248) 559-7077

Application Date: 05/28/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

PHYSICALLY HANDICAPPED

AGED

II. METHODOLOGY

05/28/2015	Enrollment
07/14/2015	Contact - Document Received Medical clearance/Patricia.
07/14/2015	Licensing Unit file referred for criminal history review Red screen/Patricia, AS820014555.
07/22/2015	Application Complete/On-site Needed
07/22/2015	File Transferred To Field Office Pontiac.
07/22/2015	Contact - Document Sent Act & Rules.
07/27/2015	Contact - Document Received Licensing file received from Central Office
08/25/2015	Application Incomplete Letter Sent
09/17/2015	Inspection Completed On-site
09/17/2015	Special Certification Application-Received
09/25/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

The Meadowood home is located at 15904 Meadowood Ave, Southfield, MI. The home is owned by Community Housing Network, Inc. Proof of ownership is contained in the facility file.

Meadowood is a ranch style brick home located in a suburban area of similar construction homes with 2,184 square feet of living space. The home has a two car attached garage of 477 square feet. The home consists of a kitchen, living room, dining room, family room, office, three bedrooms, two bathrooms, laundry room, mechanical room and an attached garage.

The home is not equipped with a basement. The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are located in the mechanical room that is attached and can be reached from the west side of the home.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6" x 14'0	161	2
2	15'5" x 11'6"	177	2
3	14'0" x 11'6"	161	2

Measurements were taken of the indoor living space and are as follows: The dining room measured 20'4" x 12'6" or 254 square feet, the family room measured 18'0" x 12'0" or 216 square feet and the living room measured 18'0" x 11'8" or 210 square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facilities licensed capacity.

B. Program Description

Quest Inc. submitted an application for an original license on May 28, 2015 for a small group home. The licensee designee for Quest Inc. is Patricia Thomas and administrator is Linda Dunn. The application indicates that the home will accept both males and females, 18 years of age and up whom are developmentally disabled, physically handicapped and/or aged. Residents can be ambulatory or non-ambulatory as the home is barrier free in design.

Quest Inc. intends to provide 24-hour supervision, protection and personal care to six residents. The program will include social interaction, meal preparation, community activities, medication administration and scheduling, monitoring and transportation to medical appointments. The program is designed to meet the needs, interests and abilities of the residents. The corporation has a contract with Macomb Oakland Regional Center – MORC to provide services and placement of residents. Quest Inc. has 22 other licensed adult foster care homes with the State of Michigan.

In addition to the above program elements, it is the intent of Quest Inc. to utilize local community resources for recreational activities including the library, local parks, shopping centers, churches, movie theaters, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Quest Inc. is a "non profit corporation", established in Michigan on June 29, 1983. Ms. Thomas submitted documents including articles of incorporation, organizational chart and a list of the board of directors. Ms. Thomas also submitted financial documents including an income statement of corporation, balance sheet of the corporation and the projected budget for the home.

The Board of Directors of Quest, Inc. has submitted documentation appointing Patricia Thomas as the licensee designee and Linda Dunn as the administrator for this facility.

Criminal history background checks of Ms. Thomas and Ms. Dunn were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Thomas and Ms. Dunn also submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Thomas is the Director of Operations for Quest Inc. and has been involved in providing Adult Foster Care services to developmentally disabled individuals for over 10 years. Quest Inc. currently operates 22 AFC homes in Oakland, Wayne and Washtenaw counties and Ms. Thomas serves as the licensee designee for all of these AFC homes. Ms. Thomas submitted documentation of various trainings she has participated in within the last year. Based on her previous experience, Ms. Thomas is qualified to serve as the licensee designee for the Meadowood home.

Ms. Dunn is currently the Residential Program Supervisor for Quest Inc. and has been involved in providing services to developmentally disabled individuals for more than 26 years. Based on Ms. Dunn's previous experience, she is qualified to serve as the administrator for the Meadowood home.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff during the hours of 8 am until 11 pm and 11 pm until 8 am for 6 residents per shift. Ms. Thomas acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Thomas has indicated that direct care staff will be awake during sleeping hours.

Ms. Thomas acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Thomas acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have <u>regular</u>, <u>ongoing</u> "direct access" to resident or resident information or both utilizing the Michigan Long Term Care

Partnership website (<u>www.miltcpartnership.org</u>) and the related documents required to demonstrate compliance.

Ms. Thomas acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Ms. Thomas has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Thomas acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Thomas acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Thomas acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Thomas acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Thomas acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Thomas acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Thomas acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Thomas acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Thomas acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Thomas acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

1. Su adams

Area Manager

I recommend issuance of a six-month temporary license to this adult foster care home with a capacity of 6.

Certain	
	09/25/2015
Cindy Adams	Date
Licensing Consultant	
Approved By:	
Denice G. Munn	10/01/2015
Denise Y. Nunn	 Date