



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 5, 2018

Konjit Bitew
Quality Afc Homes Inc.
PO Box 1094
Bloomfield Hills, MI 48303-1094

RE: License #: AL630088248
Investigation #: **2018A0993012**
Quality AFC #2

Dear Ms. Bitew:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

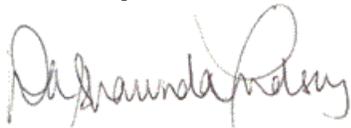
A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document.

If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630088248
Investigation #:	2018A0993012
Complaint Receipt Date:	01/04/2018
Investigation Initiation Date:	01/04/2018
Report Due Date:	03/05/2018
Licensee Name:	Quality Afc Homes Inc.
Licensee Address:	P.O. Box 431425 Pontiac, MI 48343
Licensee Telephone #:	(248) 335-7034
Administrator:	Konjit Bitew
Licensee Designee:	Konjit Bitew
Name of Facility:	Quality AFC #2
Facility Address:	529 Orchard Lake Rd. Pontiac, MI 48341
Facility Telephone #:	(248) 335-7034
Original Issuance Date:	10/06/1999
License Status:	REGULAR
Effective Date:	07/12/2017
Expiration Date:	07/11/2019
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED; MENTALLY ILL

ALLEGATION(S)

	Violation Established?
There was no staff present in the facility with the residents.	Yes
Additional Findings	Yes

II. METHODOLOGY

01/04/2018	Special Investigation Intake 2018A0993012
01/04/2018	Special Investigation Initiated - On Site Conducted an unannounced inspection
01/10/2018	Contact - Telephone call made Telephone call made to licensee designee Konjit Bitew
01/10/2018	Exit Conference Exit conference with licensee designee Konjit Bitew

ALLEGATION:

There was no staff present in the facility with the residents.

INVESTIGATION:

On 01/04/2018, I conducted an unannounced investigation. One of the residents outside of the facility stated I may enter the facility. When I entered the facility I asked another resident if I could speak to one of the staff. I interviewed staff Chris Dunleavy from the adjacent attached licensed adult foster care facility. Ms. Dunleavy stated staff Sharon Chambers left the facility to transport five residents to the clubhouse. Ms. Dunleavy stated she was left to supervise the remaining residents in the facility in Ms. Chamber's absence. Ms. Dunleavy was unsure how many residents were left for her to supervise.

During the inspection, I interviewed Resident A and B; however, I was only able to obtain limited information from Resident A due to difficulty with understanding his speech and Resident B due to his limited cognitive abilities. Resident A and B verified there were two staff working in the facility; however, one of the staff left to transport residents. They did not know how long the other staff was gone. After interviewing Resident A and B, I attempted to interview other residents; however, the other residents did not wish to talk to me.

About 10 minutes later, Ms. Chambers returned to the facility. I interviewed Ms. Chambers. She verified she left the residents in the facility unsupervised to transport other residents to the clubhouse. In her absence, she stated Ms. Dunleavy from the adjacent licensed adult foster care facility was to supervise the remaining residents in the facility. Ms. Chambers stated she was only gone for about five minutes. She stated Ms. Dunleavy was responsible for the supervision of about 10 residents.

About fifteen minutes later, licensee designee Konjit Bitew arrived to the facility. Ms. Bitew acknowledged Ms. Chambers left the residents in the care of Ms. Dunleavy from the adjacent licensed adult foster care facility. She acknowledged that we had discussed this concern in a previous investigation and that this was a repeated violation.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	There was no staff in the facility to supervise about 10 residents. Instead, Ms. Dunleavy from an adjacent licensed adult foster care facility was responsible for the supervision of about 10 residents.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2018A0993004 dated 11/17/2017, CAP dated 12/01/2017.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	On 01/04/2018, there was no staff in the facility to supervise about 10 residents. Instead, Ms. Dunleavy from an adjacent attached licensed adult foster care facility was responsible for the supervision of about 10 residents.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2018A0993004 dated 11/17/2017, CAP dated 12/01/2017.

ADDITIONAL FINDINGS:

INVESTIGATION:

On 01/04/2017, I conducted an unannounced inspection of the facility to verify compliance to a submitted and approved corrective action plan (CAP) from violations cited during the renewal inspection in July 2017. I reviewed staff files. There was no verification that staff Bruce White and Begashaw Deneke completed CPR training. There was no verification that staff Bruce White, Begashaw Deneke, and Miles Towns were tested for TB within the last three year period. There was no verification that staff Sharon Chambers completed an annual health review. In addition, I observed several pieces of wet cardboard on the floor in the doorway on top of the doormat. I also observed stained and damaged ceiling tile in the hallway near the dining area.

On 01/10/2017, I conducted an exit conference with licensee designee Konjit Bitew. I informed her of the findings. She acknowledged that we had already discussed that she is not allowed to have one staff to supervise residents in both licensed facilities. She stated she did not want to make excuse as to why she repeated the violation. She also acknowledged violations that were addressed from the renewal inspection. Ms. Bitew verbally accepted the recommendation of a provisional license and agreed to submit a corrective action plan.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (c) Cardiopulmonary resuscitation.
ANALYSIS:	There was no verification that staff Bruce White and Begashaw Deneke completed CPR training.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 07/07/2017, CAP dated 07/13/2017.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff,

	<p>other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</p>
ANALYSIS:	<p>There was no verification that staff Bruce White, Begashaw Deneke, and Miles Towns were tested for TB within the last three year period.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED LSR dated 07/07/2017, CAP dated 07/13/2017.</p>

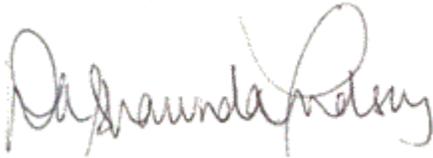
APPLICABLE RULE	
R 400.15205	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.</p>
ANALYSIS:	<p>There was no verification that staff Sharon Chambers completed an annual health review.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED LSR dated 07/07/2017, CAP dated 07/13/2017.</p>

APPLICABLE RULE	
R 400.15403	<p>Maintenance of premises.</p>
	<p>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</p>

ANALYSIS:	I observed several pieces of wet cardboard on the floor in the doorway on top of the doormat. I also observed stained and damaged ceiling tile in the hallway near the dining area.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 07/07/2017, CAP dated 07/13/2017

III. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a six-month provisional license.

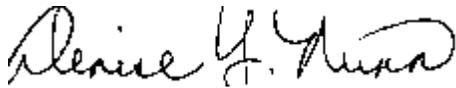


01/10/2018

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



02/05/2018

Denise Y. Nunn
Area Manager

Date