



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 24, 2018

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

RE: License #: AL630088248  
**Quality AFC #2**  
**529 Orchard Lake Rd.**  
**Pontiac, MI 48341**

Dear Ms. Bitew:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license is renewed. The license 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 (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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630088248
<b>Licensee Name:</b>	Quality Afc Homes Inc.
<b>Licensee Address:</b>	Po Box 431425 Pontiac, MI 48343
<b>Licensee Telephone #:</b>	(248) 335-7034
<b>Licensee/Licensee Designee:</b>	Konjit Bitew
<b>Administrator:</b>	Konjit Bitew
<b>Name of Facility:</b>	Quality AFC #2
<b>Facility Address:</b>	529 Orchard Lake Rd. Pontiac, MI 48341
<b>Facility Telephone #:</b>	(248) 335-7034
<b>Original Issuance Date:</b>	10/06/1999
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/18/2018, 09/07/2018

Date of Bureau of Fire Services Inspection if applicable: 04/09/2018

Date of Health Authority Inspection if applicable: 10/18/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 4  
No. of others interviewed 1 Role: Licensee designee

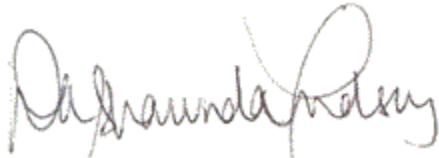
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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:  
SI 01/2018- al206(2), al204(3)(c), al204(3)(b), al205(5), al205(6), al403(1) 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.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license. An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/24/2018

---

DaShawnda Lindsey  
Licensing Consultant

Date