



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 27, 2019

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

RE: Application #: AS630392913
Llewelyn
41386 Llewelyn
Northville, MI 48167

Dear Mrs. 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,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, 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 #: | AS630392913 |
| Applicant Name: | Quest, Inc |
| Applicant Address: | 36141 Schoolcraft Road Livonia, MI 48150-1216 |
| Applicant Telephone #: | (734) 838-3400 |
| Licensee Designee: | Patricia Thomas |
| Administrator: | Sandi Watson |
| Name of Facility: | Llewelyn |
| Facility Address: | 41386 Llewelyn Northville, MI 48167 |
| Facility Telephone #: | (734) 596-1772 |
| Application Date: | 03/05/2018 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|--|
| 03/05/2018 | Enrollment App submitted online 2/28/18 did not download |
| 03/05/2018 | Contact - Document Sent Rules and Acts books |
| 03/05/2018 | Application Incomplete Letter Sent 1326 for Patricia and Sandi. Receipt of Federal Tax ID # Letter from IRS |
| 03/05/2018 | Lic. Unit file referred for background check review Given to Candace Patricia has Red Screen |
| 03/20/2018 | Contact - Document Received 1326 for Patricia and Sandi |
| 03/20/2018 | File Transferred to Field Office Detroit |
| 04/11/2018 | Application Incomplete Letter Sent |
| 05/25/2018 | Contact - Document Received Licensing file received from the Wayne County office |
| 06/01/2018 | Contact - Document Received Documents received from licensee. |
| 07/31/2019 | Application Complete/On-site Needed |
| 08/19/2019 | Inspection Completed On-site |
| 08/19/2019 | 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 Llewelyn home is located at 41386 Llewelyn, Northville, MI 48167. The home is owned by Community Housing Network Inc. Proof of ownership is contained in the facility file.

Llewelyn is a colonial style brick home located in a suburban area with similar construction with 2,324 square feet of living space. The home consists of a kitchen, kitchen nook, living room, dining room, family room, an office, three bedrooms (all upstairs), two full bathrooms, one half bathroom, a basement and a two-car attached garage.

The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are in the basement. It is equipped with an approved fire rated door with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician and is fully operational. The home is not wheelchair accessible as there are no ramps at either means of egress. Fire extinguishers are installed in the home and in the basement. The facility utilizes public water and sewage disposal services.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|----------------------|----------------------|---------------------|
| 1 | 11'1" x 11'3" x 4'6" | 129 | 1 |
| 2 | 7'5" x 11'3" | 83 | 1 |
| 3 | 12'2" x 13'2" | 160 | 2 |
| 4 | 14'6" x 11'10" | 171 | 2 |
| | | | |

Total capacity: 6

The indoor living and dining areas measure a total of 572 square feet of living space. 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 facility's licensed capacity.

B. Program Description

Quest Inc. intends to provide 24-hour supervision, protection and personal care to six (6) adults, male or female who are physically handicapped, developmentally disabled, mentally ill or aged. The program will include social interaction skills, persona hygiene, personal adjustment skills, public safety skills and transportation. Quest Inc. has a contract with Macomb Oakland Regional Center (MORC) and intends to accept referrals for placement of their consumers.

If required, behavior intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

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

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 submitted financial documents including an income statement of the corporation, balance sheet of the corporation and the projected budget for the home.

The Board of Directors of Quest Inc. submitted documentation appointing Patricia Thomas as the licensee designee and Sandi Watson as the administrator for the facility.

Criminal history background checks of Ms. Thomas and Ms. Watson were completed, and they were determined to be of good moral character to provide licensed adult foster care. Ms. Thomas and Ms. Watson 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 14 years. Quest Inc. currently operates 24 adult foster care homes in Oakland, Wayne and Washtenaw counties and Ms. Thomas serves as the licensee designee for all 24 of the 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 Hickory Ridge home.

Ms. Watson is currently an Area Supervisor for three Quest Inc. adult foster care homes and has been involved in providing services to developmentally disabled individuals for several years. Ms. Watson submitted documentation of various trainings she has participated in within the last two years. Based on Ms. Watson’s previous experience, she is qualified to serve as the administrator for the Hickory Ridge home.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff for 6 residents per shift. Quest Inc. 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. Quest Inc. has indicated that direct care staff will be awake during sleeping hours.

Quest Inc. 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.

Quest Inc. acknowledged an understanding of the responsibility to assess the good moral character of employees. Quest Inc. acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Quest Inc. 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, Quest Inc. 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.

Quest Inc. 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, Quest Inc. 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.

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

Quest Inc. acknowledge 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.

Quest Inc. 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.

Quest Inc. acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Quest Inc. 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 residents personal money transactions that have been agreed to be managed by the applicant.

Quest Inc. 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. Quest Inc. indicated the intent to respect and safeguard these resident rights.

Quest Inc. 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.

Quest Inc. 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.

Quest Inc. 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

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

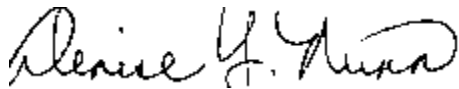


9/20/2019

Cindy Berry
Licensing Consultant

Date

Approved By:



09/27/2019

Denise Y. Nunn
Area Manager

Date