

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 20, 2021

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

RE: License #: AS820015751

Pardee Home 8251 Pardee Road Taylor, MI 48180

#### Dear Mrs. Thomas:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0380.

Sincerely,

Denasha Walker, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100

3026 W. Grand Blvd

Detroit, MI 48202

(313) 300-9922

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

### I. IDENTIFYING INFORMATION

**License#:** AS820015751

Licensee Name: Quest, Inc

**Licensee Address:** 36141 Schoolcraft Road

Livonia, MI 48150-1216

**Licensee Telephone #:** (734) 838-3400

**Licensee/Licensee Designee:** Patricia Thomas

**Administrator:** Renea Humphrey

Name of Facility: Pardee Home

Facility Address: 8251 Pardee Road

Taylor, MI 48180

**Facility Telephone #:** (313) 292-1746

Original Issuance Date: 09/22/1994

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		05/19/2021		
Date of Bureau of Fire Services Inspection if applicable:				
Date of Environmental/Health Inspection if applicable:				
Inspection Type:	☐ Interview and Obse ☐ Combination	rvation 🔀 Worksheet — Full Fire Safety		
No. of staff interviewed and No. of residents interviewed No. of others interviewed		1 0 ator		
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         A full worksheet inspection was completed.</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.</li> </ul>				
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain. A virtual inspection was completed due to Covid-19 pandemic, meal preparation/service was not observed.</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
Fire safety equipment a	and practices observed	? Yes ⊠ No □ If no, explain.		
If no, explain.	pecial Certification Only necked? Yes ⊠ No □	) Yes ⊠ No □ N/A □ If no, explain.		
Incident report follow-u	ıp? Yes⊠ No 🗌 If no	o, explain.		
Corrective action plan N/A	compliance verified? Ye	es CAP date/s and rule/s:		
	mployees followed-up?	N/A ⊠		
Variances? Yes ☐ (pl	lease explain) No 🗌 N	/A 🔀		

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

#### R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

At the time of inspection, Resident A's prescribed medication, Lubiderm Daily Moisture apply for dry skin as needed was observed in the hall closet, unsecured; not in a locked cabinet or drawer.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

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Denasha Walker		Date
Licensing Consultant		