



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 21, 2021

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

RE: License #: AS500012000  
**Weyer Afc**  
**5801 37 Mile Road**  
**Romeo, MI 48065**

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500012000
<b>Licensee Name:</b>	Quest, Inc
<b>Licensee Address:</b>	36141 Schoolcraft Road Livonia, MI 48150-1216
<b>Licensee Telephone #:</b>	(734) 838-3400
<b>Licensee/Licensee Designee:</b>	Patricia Thomas
<b>Administrator:</b>	Nicole Hagood
<b>Name of Facility:</b>	Weyer Afc
<b>Facility Address:</b>	5801 37 Mile Road Romeo, MI 48065
<b>Facility Telephone #:</b>	(810) 798-2517
<b>Original Issuance Date:</b>	02/19/1991
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/18/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 09/14/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with Assistant Manager.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
CAP date- 08/15/2019- AS204(3), AS306(3), AS312(4), AS315(3), AS403(1),  
AS403(2), AS403(5) 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 found to be in non-compliance with the following rules:

<p><b>R 400.14315</b></p>	<p><b>Handling of resident funds and valuables.</b></p>
	<p><b>(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b></p>
<p>AFC payment was not selected on Resident A's Funds Part 1 and Funds Part 2 forms.</p> <p><b>REPEAT VIOLATION ESTABLISHED. LSR dated 08/15/2019, CAP dated 08/15/2019</b></p>	
<p><b>R 400.14403</b></p>	<p><b>Maintenance of premises.</b></p>
	<p><b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b></p>
<p>During the onsite inspection, I observed the following items needed maintenance and/or repair:</p> <ul style="list-style-type: none"> <li>• Damage to wood on kitchen cupboards and peeling laminate counter tops. Administrator stated that landlord has agreed to replace cupboards and counter tops in 2022.</li> <li>• Damaged wood doors in bedroom hallway</li> </ul> <p><b>REPEAT VIOLATION ESTABLISHED. LSR dated 08/15/2019, CAP dated 08/15/2019</b></p>	
<p><b>R 400.14403</b></p>	<p><b>Maintenance of premises.</b></p>
	<p><b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b></p>
<p>Bathroom #2 had broken tile behind toilet.</p> <p><b>REPEAT VIOLATION ESTABLISHED. LSR dated 08/15/2019, CAP dated 08/15/2019</b></p>	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

09/21/2021

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Date

Licensing Consultant