



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 8, 2021

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

RE: Application #: AS820405972
Troy
15149 Troy St.
Taylor, MI 48180

Dear Ms. 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820405972

Applicant Name: Quest, Inc

Applicant Address: 36141 Schoolcraft Road
Livonia, MI 48150-1216

Applicant Telephone #: (734) 838-3400

Administrator/Licensee Designee: Patricia Thomas

Name of Facility: Troy

Facility Address: 15149 Troy St.
Taylor, MI 48180

Facility Telephone #: (734) 838-3400

Application Date: 09/25/2020

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
ALZHEIMERS
AGED

II. METHODOLOGY

09/25/2020	Enrollment
09/28/2020	Application Incomplete Letter Sent 1326, AFC 100
03/24/2021	Contact - Document Received 1326, AFC 100
05/25/2021	Application Incomplete Letter Sent
06/02/2021	Contact - Document Received Enrollment documents received.
10/29/2021	Application Complete/On-site Needed
10/29/2021	Inspection Completed On-site
10/29/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story brick dwelling located in a residential neighborhood in the city of Taylor, in Wayne County. The facility has a paved driveway with a two-car garage. There is space for staff and visitor parking in the driveway and on the street in front of the facility. The facility has a living room, family room, dining room, two full bathrooms that are handicapped accessible, and four resident bedrooms. The facility has three wheelchair accessible exits with built in concrete ramps that are at door level. The facility utilizes city water supply and sewer system.

The furnace and hot water heater are enclosed in a room that is constructed of material which has a one-hour fire resistance and fire rated door that is equipped with an automatic, self-closing and positive latching hardware.

The facility is equipped with an interconnected smoke detection system. Smoke detectors are located in the kitchen, living room, family room and bedroom hallway. The facility is equipped with fire extinguishers which are located in the kitchen area and resident bedroom hallway.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	14'6" X 11'1"	160.66	2 Residents
Bedroom # 2	14'9" X 11' 0"	162.25	2 Residents
Bedroom # 3	14'9" X 11'0"	162.25	1 Resident
Bedroom # 4	14'9" X 11'0"	152.25	1 Resident
Living Room	16'0" X 12'0"	192.0	
Family Room	21'1" X 10'11"	131.91	

The living areas measure a total of 323.91 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate six (6) residents.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for six (6) male or female residents. The facility will accept developmentally disabled adults, and physically handicapped adults who may or may not use a wheelchair. The facility will provide residents with the opportunity to socialize and participate in activities such as games, arts and crafts and daily physical activities in the home.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreation activities including movies, shopping centers, restaurants, parks and libraries as well as other available resources.

C. Applicant and Administrator Qualification

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents and income from active AFC facilities.

The applicant is Quest Inc., a Non Profit Corporation established in Michigan on 4/1/2000. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Patricia Jean Thomas is the licensee designee for the facility. A criminal history clearance was completed on 10/5/2020 for Ms. Thomas and no criminal convictions were found. Ms. Thomas submitted a medical clearance dated 3/17/2021 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Thomas.

Michele Smith is the administrator for the facility. A criminal history clearance was completed on 10/13/2020 for Ms. Smith and no criminal convictions were found. Ms. Smith submitted a medical clearance dated 3/12/2021 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Smith.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Thomas provided documentation that she has over 12 years of experience as the licensee designee for active AFC facilities. Ms. Thomas has also provided documentation that she has completed training through the American Red Cross, Detroit Wayne Integrated Health Network, and MALA. Ms. Smith provided documentation that she has over 12 years of experience as an administrator for active AFC facilities. Ms. Smith also provided documentation that she has completed training through the American Red Cross, Detroit Wayne Integrated Health Network and MALA.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum 1 staff for 6 residents per shift. The applicant 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. The applicant has indicated that the direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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.

The applicant 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, the applicant 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.

The applicant t 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, the applicant 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 up the retention schedule for those document contained within each employee's record.

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

The applicant acknowledged the responsibility to obtain the required 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.

The applicant 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.

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

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct and immediate investigation of the cause.

The applicant 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.

