



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 31, 2020

Nidhal Ghraib
Quality Care of Howell LLC
Suite #139
17197 N. Laurel Park Dr.
Livonia, MI 48152

RE: License #: AL470397950
Quality Care Of Howell 2
2820 N Burkhart Rd.
Howell, MI 48855

Dear Mr. Ghraib:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL470397950

Licensee Name: Quality Care of Howell LLC

Licensee Address: Suite #139
17197 N. Laurel Park Dr.
Livonia, MI 48152

Licensee Telephone #: (517) 579-2019

Licensee Designee: Nidhal Ghraib

Administrator: Nidhal Ghraib

Name of Facility: Quality Care Of Howell 2

Facility Address: 2820 N Burkhart Rd.
Howell, MI 48855

Facility Telephone #: (517) 579-2019

Original Issuance Date: 02/07/2020

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

*Please note, a virtual inspection was conducted due to the COVID-19 restrictions limiting individuals in AFC settings.

Date of On-site Inspections: 07/21/2020

Date of Bureau of Fire Services Inspection if applicable: 06/29/2020

Date of Health Authority Inspection if applicable: 02/03/2020

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 4

No. of others interviewed 1 Role: licensing designee/admin

- 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.
inspection was not during mealtime
- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

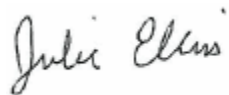
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



07/31/2020

Julie Elkins
Licensing Consultant

Date