



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 25, 2022

Konjit Bitew
Quality AFC Homes Inc.
PO Box 1094
Bloomfield Hills, MI 48303-1094

RE: License #: AL630088248
Quality AFC #2
529 Orchard Lake Rd.
Pontiac, MI 48341

Dear Ms. Bitew:

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 (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

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

I. IDENTIFYING INFORMATION

License #:	AL630088248
Licensee Name:	Quality AFC Homes Inc.
Licensee Address:	Po Box 1094 Bloomfield Hills, MI 48303
Licensee Telephone #:	(248) 891-2543
Licensee Designee:	Konjit Bitew
Administrator:	Konjit Bitew
Name of Facility:	Quality AFC #2
Facility Address:	529 Orchard Lake Rd. Pontiac, MI 48341
Facility Telephone #:	(248) 335-7034
Original Issuance Date:	10/06/1999
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/14/2022

Date of Bureau of Fire Services Inspection if applicable: 03/22/2022

Date of Health Authority Inspection if applicable: 03/14/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- 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.
There was no meal preparation/service provided at the time the on-site was conducted.
- 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.
There were no incident reports to follow-up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
10/27/2021, R 400 14403(1) 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.

IV. RECOMMENDATION

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



03/25/2022

Cindy Berry
Licensing Consultant

Date