



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2022

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

RE: License #: AS630392913  
**Llewelyn**  
**41386 Llewelyn**  
**Northville, MI 48167**

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 "Cindy Berry". The signature is fluid and elegant, with the first and last names clearly distinguishable.

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**

<b>License #:</b>	AS630392913
<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 Designee:</b>	Patricia Thomas
<b>Administrator:</b>	Patricia Thomas
<b>Name of Facility:</b>	Llewelyn
<b>Facility Address:</b>	41386 Llewelyn Northville, MI 48167
<b>Facility Telephone #:</b>	(734) 596-1772
<b>Original Issuance Date:</b>	09/27/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2022

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

Date of Health Authority Inspection if applicable: N/A

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 3

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.
- 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 found to be in non-compliance with the following rules:

**R 400.14310      Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

There was no weight recorded for Resident A for the months of January and February 2022.

**R 400.14312      Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

- Resident B's medication Tolterodine 4 mg ER CAP – 1 CAP by mouth daily could not be located but the medication log was signed on 3/1/22 – 3/24/22.
- Resident C's medication Ingrezza 40 mg CAP – 1 CAP by mouth daily was not administered on 3/22/2022; the medication was still in the blister pack but there were staff initials on the medication log.

**R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

Resident B's medication Vitamin D2 50,000 CAP – 1 CAP twice weekly was administered on 3/22/22 but there were no staff initials on the medication log.

**R 400.14403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- There was a hole in the closet door in bedroom #1.
- The closet door frame in bedroom #3 was damaged and the door was off the hinge.

**IV. RECOMMENDATION**

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



3/25/2022

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Cindy Berry  
Licensing Consultant

Date