

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 14, 2022

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

> RE: License #: AS630378443 Meadowood 15904 Meadowood Ave Southfield, MI 48076

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,

Cindy Ben

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 #:	AS630378443	
Licensee Name:	Quest, Inc	
Licensee Address:	36141 Schoolcraft Road Livonia, MI 48150-1216	
Licensee Telephone #:	(734) 838-3400	
Licensee Designee:	Patricia Thomas	
Administrator:	Patricia Thomas	
Name of Facility:	Meadowood	
Facility Address:	15904 Meadowood Ave Southfield, MI 48076	
Facility Telephone #:	(248) 559-7077	
Original Issuance Date:	10/01/2015	
Capacity:	6	
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED	

# **II. METHODS OF INSPECTION**

Date of On-site Inspect	tion(s):	04/06/2022
Date of Bureau of Fire	Services Inspection if applicable:	N/A
Date of Environmental/	Health Inspection if applicable:	N/A
Inspection Type:	Interview and Observation Combination	n 🖄 Worksheet 🔲 Full Fire Safety
No. of staff interviewed No. of residents intervie No. of others interviewe	ewed and/or observed	2 6
● Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.		
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>		
● Fire drills reviewed? Yes ⊠ No □ If no, explain.		
• Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A</li> <li>If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>		
● Incident report follow-up? Yes ⊠ No □ If no, explain.		
N/A 🖂	olan compliance verified? Yes 🗌	CAP date/s and rule/s: N/A $\boxtimes$
	] (please explain) No  ☐ N/A ⊠	· •

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

# R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

There were no current tuberculosis test results contained in the employee files of staff members Shenita Grissom, Ashley Smith, and Tracey Bibb.

#### R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:(f)Verification of reference checks.

There was no verification of reference checks contained in the employee file of staff member Ashley Smith.

# R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home. Resident A, Resident B, and Resident C's resident files did not contain an assessment plan for 2021 and 2022.

# 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.

- There were no staff initials on Resident B's medication log dated 12/24/2021 for the following medication: 7 am Acidophilus, 7 am calcium D/500/200 Tab.
- There were no staff initials on Resident C's medication log dated 1/29/2022 for the following medication: 7 pm Paroxetine 30 mg.

# R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Resident A's PRN medications were contained in the medication cabinet with the current medications and had an expiration date of 2/08/2022:

- Ibuprofen 200 mg
- Senna Tab 8.6 mg
- Acetaminophen 500 mg
- MAPAP 325 mg
- DOK 100 mg

Resident C's PRN medications were contained in the medication cabinet with the current medication and had an expiration date of 2/08/2022:

- Senna Tab 8.6 mg
- MAPAP 325 mg
- Loratadine Tab 10 mg
- Acetaminophen 500 mg
- DOK 100 mg
- Ibuprofen 200 mg
- Aloe Vera
- Minerin Lotion
- Milk of Magnesia
- Pink Bismuth 527/30/ml
- Tussin DM
- Bacitracin ointment 500/gm
- Cepacol throat lozenges
- Hydrocortisone cream 1%

# R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The kitchen faucet had a temperature reading of 122 degrees Fahrenheit.

# R 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

There was no thermometer contained in the freezer located in the garage.

# 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.
- There was a missing light bulb in the half bathroom near the kitchen.

# R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:(d) At least 1 chair

(d) At least 1 chair.

There was no chair in bedroom #1.

# IV. RECOMMENDATION

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

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4/14/2022

Cindy Berry Licensing Consultant

Date