

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 21, 2022

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

> RE: License #: AS820410264 Investigation #: 2023A0119006

> > Donna

### Dear Mrs. Thomas:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

Shotorla Daniel

3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

# I. IDENTIFYING INFORMATION

License #:	AS820410264
Investigation #:	2023A0119006
Complaint Passint Data	10/24/2022
Complaint Receipt Date:	10/24/2022
Investigation Initiation Date:	10/27/2022
	19/21/2022
Report Due Date:	12/23/2022
Licensee Name:	Quest, Inc
I i a a a a a A d d a a a	00444.0.1.1.6.0.1.
Licensee Address:	36141 Schoolcraft Road Livonia, MI 48150-1216
	Livonia, Wii 40150-1210
Licensee Telephone #:	(734) 838-3400
	(101) 000 0100
Administrator:	Patricia Thomas
Licensee Designee:	Patricia Thomas
No. 11 of Facility	
Name of Facility:	Donna
Facility Address:	19414 Donna
Tuomity Addition	Livonia, MI 48157
	,
Facility Telephone #:	(734) 469-4182
Original Issuance Date:	06/29/2022
License <b>Status</b> :	TEMPODARY
License Status:	TEMPORARY
Effective Date:	06/29/2022
	00/20/2022
Expiration Date:	12/28/2022
Capacity:	4
Due construction	DEVELOPMENTALLY DISABLES
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
	AGED
	7.020

# II. ALLEGATION(S)

Violation Established?

On 10/24/22, a Supports Coordinator for Community Living	Yes
Services went to the home for a scheduled meeting. The	l
Supports Coordinator was unable to let into the facility for 21	
minutes because Staff- Zjarkay Faulk did not open the door.	

# III. METHODOLOGY

10/24/2022	Special Investigation Intake 2023A0119006
10/24/2022	Referral- Recipient Rights Received
10/24/2022	APS Referral Made
10/27/2022	Special Investigation Initiated - Telephone Michelle Smith- Area Manager Home Manager- Kimberly Davis
11/02/2022	Inspection Completed On-site Staff- Zjarkay Faulk, observed Residents A- B
11/17/2022	Inspection Completed-BCAL Sub. Compliance
11/18/2022	Exit Conference Licensee Designee- Patricia Thomas

# **ALLEGATIONS:**

On 10/24/22, a Supports Coordinator for Community Living Services went to the home for a scheduled meeting. The Supports Coordinator was unable to let into the facility for 21 minutes because Staff-Zjarkay Faulk did not open the door.

#### **INVESTIGATION:**

On 10/27/2022, I telephoned and interviewed Area Manager- Michelle Smith and Home Manager- Kimberly Davis regarding the above allegations. Ms. Smith stated Ms. Faulk admitted that she was not feeling well and went to sleep. Ms. Smith stated Ms. Faulk reported all of the residents were sleeping. Ms. Smith stated the incident took place between 11:00 a.m. to 12:00 p.m. Ms. Smith stated Ms. Faulk was the only staff on duty. She stated she received a telephone call from the supports coordinator and called another home manager- Kimberly Davis to come to the facility immediately. Ms. Smith stated Ms. Davis arrived at the facility within seven minutes.

Ms. Davis stated when she arrived, Ms. Faulk was preparing lunch for the residents and the supports coordinator was in the facility. Ms. Davis stated all of the residents were still sleeping and she began awaking the residents for lunch. Ms. Davis stated she stayed in the facility for two hours. Ms. Davis stated to her knowledge this incident has not previously happened where a staff has fallen asleep.

On 11/02/2022, I completed an onsite inspection and interviewed Staff- Zjarkay Faulk and observed Residents A- B due to their disabilities. Ms. Faulk admit that she was experiencing menstrual cramps and had taken pain medications. She stated it was nearing lunch time and the residents were sleeping. She stated she went to sleep in the living room and set her alarm to awaken her at noon. She stated she was sleep for approximately twenty minutes. Ms. Faulk stated she has not previously fallen asleep while working. She stated she was working alone and no residents were harmed.

APPLICABLE RULE		
R 400.14206	Staffing requirements.	
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.	

ANALYSIS:	Area Manager- Michelle Smith and Staff- Zjarkay Faulk stated Ms. Faulk admitted that she was not feeling well and went to sleep. Ms. Smith stated She stated she received a telephone call from the supports coordinator when Ms. Faulk did not open the door. Ms. Smith and Ms. Faulk stated Ms. Faulk was the only staff on duty.  Ms. Faulk and Home Manager- Kimberly Davis stated all of the residents were sleeping.
CONCLUSION:	VIOLATION ESTABLISHED

# IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend that the status of the license remains the same.

Shotorla Daniel	11/18/2022
Shatonla Daniel Licensing Consultant	Date
Approved By:	11/21/2022
Ardra Hunter Area Manager	Date