



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 12, 2022

Thomas Quakenbush  
Community Homes Inc  
3925 Rochester Rd.  
Royal Oak, MI 48073

RE: License #: AS500012009  
**Greensborough**  
**8534 16 1/2 Mile**  
**Sterling Heights, MI 48312**

Dear Mr. Quakenbush:

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 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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

**License #:** AS500012009

**Licensee Name:** Community Homes Inc

**Licensee Address:** 3925 Rochester Rd.  
Royal Oak, MI 48073

**Licensee Telephone #:** (248) 336-0007

**Licensee/Licensee Designee:** Thomas Quakenbush

**Administrator:** Thomas Quakenbush

**Name of Facility:** Greensborough

**Facility Address:** 8534 16 1/2 Mile  
Sterling Heights, MI 48312

**Facility Telephone #:** (586) 264-6018

**Original Issuance Date:** 03/30/1992

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/04/2022

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- 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.  
I observed adequate food supply.
- 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:  
CAP 11/24/2022; Rules: R 400.14204 Direct care staff; qualifications and training  
(3)(b)(c); R 400.14311 Investigation and reporting of incidents, accidents,  
illnesses, absences, and death.(a)(b)(c)(ii); R 400.14403 Maintenance of  
premises (11); R 400.14407 Bathrooms (3) 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 400.14311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.**

(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:

- (c) Incidents that involve any of the following:
  - (ii) Hospitalization.

I observed that there was no incident report sent to licensing for Resident A on 02/17/2020 and for Resident B on 05/09/2021 and 12/20/2021.

REPEAT VIOLATION ESTABLISHED. LSR date 10/13/2020, CAP date 11/24/2020.

**R 400.14403 Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

I observed that bathroom number one did not have nonskid surfacing.

REPEAT VIOLATION ESTABLISHED. LSR date 10/13/2020, CAP date 11/24/2020.

### IV. RECOMMENDATION

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



10/12/2022

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LaShonda Reed  
Licensing Consultant

Date