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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 2, 2024

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

> RE: License #: AS820405972 Investigation #: 2024A0101018

> > Troy

#### 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,

Edith Richardson, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

(313) 919-1934

enclosure

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

#### I. IDENTIFYING INFORMATION

License #:	AS820405972
Investigation #:	2024A0101018
Complaint Passint Data	02/16/2024
Complaint Receipt Date:	02/10/2024
Investigation Initiation Date:	02/16/2024
	02/10/2021
Report Due Date:	04/16/2024
Licensee Name:	Quest, Inc
Licensee Address:	36141 Schoolcraft Road
Licensee Address:	Livonia, MI 48150-1216
	Elvoriia, ivii 40100-1210
Licensee Telephone #:	(734) 838-3400
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Administrator:	Patricia Thomas
	D / / : - T
Licensee Designee:	Patricia Thomas
Name of Facility:	Troy
rtaine of Facility.	1109
Facility Address:	15149 Troy St.
	Taylor, MI 48180
	(704) 040 4074
Facility Telephone #:	(734) 946-4971
Original Issuance Date:	11/08/2021
Original issuance bate.	11/00/2021
License Status:	REGULAR
Effective Date:	05/08/2022
Evniration Data:	05/07/2024
Expiration Date:	05/07/2024
Capacity:	6
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Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

AGED
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### II. ALLEGATION(S)

Violation Established?

Direct care staff, Kelly Jefferson is not suitable. On 02/06/2024,	Yes
Ms. Jefferson was found sleeping while on duty.	

#### III. METHODOLOGY

02/16/2024	Special Investigation Intake 2024A0101018
02/16/2024	Referral received from APS and ORR
02/16/2024	Special Investigation Initiated - Telephone Direct care staff, Marquis Jones-Hall
03/01/2024	Contact – Document Received
03/28/2024	Contact – Telephone call made Home manager, Ashlee Smith
03/28/2024	Exit Conference Licensee designee, Patricia Thomas

ALLEGATION: Direct care staff, Kelly Jefferson is not suitable. On 02/06/2024, Ms. Jefferson was found sleeping while on duty.

**INVESTIGATION:** On 02/16/2024, I spoke with direct care staff (DCS) Marquis Jones-Hall. Mr. Jones-Hall stated that five residents reside in the home. He further stated three of the residents require the use of a wheelchair and they all require hands on assistance with personal care.

On 03/01/2024, I spoke with the home manager, Ashlee Smith. Ms. Smith stated on 02/06/2024, DCS Avis Anderson and Tela Coker arrived at the group home at 12:00 a.m. to cover the midnight shift. They proceeded to knock on the door, and they called the home several times. To no avail no one answered the door. They called Ms. Smith who has a key to the home. Ms. Smith came to the home and unlocked the door. Ms. Smith found Ms. Jefferson asleep inside of the home.

On 03/01/2024, Ms. Smith forwarded me written documentation that Ms. Jefferson was in receipt of the company's personnel policy regarding sleeping. "Employee sleeping at the work site is strictly prohibited. Employees must be awake and alert at all times to attend to the safety and needs of the Persons served. Employees in a

sleeping position (laying on a sofa, recliner, bed or chair) will be viewed the same as sleeping...." Ms. Jefferson signed that she received the Sleeping Policy on 09/05/2023.

APPLICABLE RUI	LE
R 400.14201	Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.
	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.
ANALYSIS:	Ms. Jefferson is not suitable to assure the welfare of residents. Even though Ms. Jefferson was aware of the seriousness of sleeping on the job. On 02/06/2024, she fell asleep placing the residents of the home at risk of harm.
CONCLUSION:	VIOLATION ESTABLISHED

#### IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommer	ηd
the status of the license remains unchanged.	

Edith Richardson Date
Licensing Consultant

Approved By:

04/02/2024

Ardra Hunter Date

Area Manager