

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 8, 2025

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

> RE: License #: AS820410264 Investigation #: 2025A0119005

> > 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 was required. On November 21, 2024, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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

Shetorla Daniel

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 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 #: | 2025A0119005 |
| | 44/40/0004 |
| Complaint Receipt Date: | 11/19/2024 |
| Investigation Initiation Date: | 11/20/2024 |
| investigation initiation bate. | 11/20/2024 |
| Report Due Date: | 01/18/2025 |
| • | |
| Licensee Name: | Quest, Inc |
| | |
| Licensee Address: | 36141 Schoolcraft Road |
| | Livonia, MI 48150-1216 |
| Licensee Telephone #: | (734) 838-3400 |
| Licensee Telephone #. | (134) 030-3400 |
| Administrator: | Patricia Thomas |
| | |
| Licensee Designee: | Patricia Thomas |
| | |
| Name of Facility: | Donna |
| Facility Address: | 19414 Donna |
| racinty Address. | Livonia, MI 48157 |
| | Elvoria, ivii 40101 |
| Facility Telephone #: | (734) 469-4182 |
| | |
| Original Issuance Date: | 06/29/2022 |
| Line and Olates | DECLUAD |
| License Status: | REGULAR |
| Effective Date: | 12/29/2022 |
| Enouve Date. | 12/20/2022 |
| Expiration Date: | 12/28/2024 |
| • | |
| Capacity: | 4 |
| | |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL AGED |
| | AGLD |

II. ALLEGATION(S)

Violation Established?

| On 11/08/2024, Staff- Carlisha Harris left the facility before the | Yes |
|--|-----|
| end of her shift. Residents were left without a fully trained Staff- | |
| Ashley Green. | |
| | |

III. METHODOLOGY

| 11/19/2024 | Special Investigation Intake 2025A0119005 |
|------------|--|
| 11/19/2024 | Referral - Recipient Rights Received |
| 11/19/2024 | APS Referral Made |
| 11/20/2024 | Special Investigation Initiated - On Site Staff- Honesty Robinson |
| 11/20/2024 | Contact - Telephone call made Staff- Carlisha Harris, Staff- Ashley Green |
| 11/20/2024 | Inspection Completed-BCAL Sub. Compliance |
| 11/20/2024 | Exit Conference Licensee Designee - Patricia Thomas |
| 11/21/2024 | Corrective Action Plan Requested and Due on 11/21/2024 |
| 11/21/2024 | Corrective Action Plan Received |
| 11/21/2024 | Corrective Action Plan Approved |

ALLEGATIONS:

On 11/08/2024, Staff- Carlisha Harris left the facility before the end of her shift. Residents were left without a fully trained Staff- Ashley Green.

INVESTIGATION:

On 11/20/2024, I completed an unannounced onsite inspection and interviewed Staff- Honesty Robinson regarding the above allegations. It should be noted two residents were observed but they could not be interviewed due to their disability.

Ms. Robinson stated all three residents are non-verbal and cannot be left alone. Ms. Robinson stated she arrived from her shift at 4:00 p.m. and found a new staff – Ashley Green in the home alone. Ms. Robinson stated that part of new staff training is to shadow another staff until their training is completed. Ms. Robinson stated she is not sure how long Ms. Green was working alone without a fully trained staff.

On 11/20/2024, I telephoned and interviewed Staff- Carlisha Harris and Staff- Ashley Green regarding the above allegations. Ms. Harris stated she left her shift prior to it ending and leaving Ms. Green alone with the residents. Ms. Harris ended the telephone conversation and would not respond to any other telephone calls.

Ms. Green stated she started working almost a month ago and was not fully trained. Ms. Green stated she was left approximately twenty to thirty minutes by herself without another staff. She stated at that time, she still needed to receive CPR and First Aid training along with recipient rights. Ms. Green stated she has received both trainings as of 11/14/2024.

On 11/20/2024, I completed an exit conference with Licensee Designee- Patricia Thomas regarding the above allegations. Mrs. Thomas agreed that Ms. Green was not trained in recipient rights and CPR and First Aid. Mrs. Thomas stated Ms. Harris quit and never returned to work. Mrs. Thomas stated she provided all staff with inservice for all staff that discussed resident supervision.

| APPLICABLE RULE | | |
|-----------------|---|--|
| R 400.14206 | Staffing requirements. | |
| | (3) Any individual, including a volunteer, shall not be considered in determining the ratio of direct care staff to residents unless the individual meets the qualifications of a direct care staff member. | |

| ANALYSIS: | Staff- Honesty Robinson, Staff- Carlisha Harris and Staff-Ashley Green stated Ms. Green was left in the facility alone. Ms. Robinson and Ms. Green stated Ms. Green was not fully trained staff. Ms. Robinson stated all three residents are non-verbal and cannot be left alone without a fully trained staff. Licensee Designee- Patricia Thomas and Ms. Green stated she still needed to receive CPR and First Aid training along with recipient rights at the time of incident. Therefore, Ms. Green was not considered in determining the |
|-------------|--|
| | Therefore, Ms. Green was not considered in determining the ratio of direct care staff to residents because she did not meet the qualifications of a direct care staff member by not having CPR and First Aid and recipient rights training. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Shotorla Daniel

An acceptable corrective action plan has been received; therefore, I recommend that the status of the license remains the same.

01/07/2024

| Shatonla Daniel | Date |
|----------------------|------|
| Licensing Consultant | |
| Approved By: | |
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| All In | |
| HITTINEY | |
| 00.1100.0101 | |
| | |
| Ardra Hunter | Date |
| Area Manager | |