



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

March 16, 2004

Elizabeth Kurczewski
Quest Inc
Suite 200
32231 Schoolcraft Rd
Livonia, MI 48150

RE: Application #: AS500262920
Nicholson
32101 32 Mile Road
Richmond, MI 48062

Dear Ms. Kurczewski:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (586) 412-6802.

Sincerely,

Karen LaForest, Licensing Consultant
Office of Children and Adult Licensing
Suite 301
16000 Hall Road
Clinton Township, MI 48038
(586) 412-6835

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS500262920
Applicant Name:	Quest Inc
Applicant Address:	Suite 200 32231 Schoolcraft Rd Livonia, MI 48150
Applicant Telephone #:	(734) 458-8140
Administrator/Licensee Designee:	Elizabeth Kurczewski, Designee
Name of Facility:	Nicholson
Facility Address:	32101 32 Mile Road Richmond, MI 48062
Facility Telephone #:	(586) 727-4272 12/04/2003
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/04/2003	Enrollment
12/09/2003	Inspection Report Requested - Health
02/04/2004	Contact - Document Received Consultant received facility records from the group home to review.
02/04/2004	Inspection Completed On-site Consultant conducted an onsite inspection and reviewed eight employee records, inspected the physical plant and conducted fire safety and environmental inspections.
02/04/2004	Inspection Completed-BFS Sub. Compliance
03/04/2004	Corrective Action Plan Received
03/04/2004	Corrective Action Plan Disapproved The current administrator's physical was not within the six months before a temporary is issued and the board of directors approval for designating the administrator to make licensing decisions was not forwarded.
03/04/2004	Contact-Telephone call made Consultant left message for administrator that licensing process could not proceed until she submits physical and board of director's approval in writing.
03/05/2004	Contact-Telephone call received Consultant spoke with administrator who stated she did not think she had to submit physical for six months. Informed her it must be six months before issuance of temporary license.
03/12/2004	Contact-Documents received Consultant received administrator's physical(received 3/5/04) and board of director's approval (03/12/2004).
03/15/04	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Nicholson Home is in a rural area, a two-story brick and vinyl home located at 32101 32 Mile Road in Richmond, Michigan. The first floor consists of two bedrooms, two full bathrooms, a living room and dining room, a kitchen, an office, a laundry room, a small family room, and a garage. The upper level consists of two bedrooms and

another full bathroom. The home has a full basement with two sets of stairs leading upstairs and outside, making it accessible to residents due to the two means of egress. If the residents are using the basement, the following rule violations must be corrected:

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The door downstairs that leads to the steps to the outside must have the correct locking hardware, single motion nonlocking against egress (i.e. pop locks) installed prior to resident use. Per the corrective action plan, the basement area at this time will not be used by residents.

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Prior to resident use of the basement, ensure all caustics in laundry area are locked in a cabinet or cupboard. Per the corrective action plan dated 3/4/04, the basement will not be used by residents.

The living room and bedroom furnishing were noted to be in compliance with administrative rule requirements. During the physical plant inspection, the following was noted and require correction:

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The bedroom located on the southeast lower level needs painting and the front living room wall needs painting due to repairs on walls from a resident. Report compliance. On 3/4/04, the corporate designee stated that walls will be painted by 6/1/04.

The square footage of the home is approximately 2880 square feet. The dining room measures 14' x 13'4 ½" or 187.18 square feet of indoor living space. The living room area measures 18' x 13'6" and contains 243 square feet of indoor living space. The

family room measures 13'4" x 20'4" or 217 square feet of indoor living space. Total living space is equal to 701.18 square feet, adequate to accommodate six (6) residents and meets compliance with Rule 400.14405 (1) on living space (35 square feet per residents times six residents, or 210 square feet).

The facility's bedrooms will be used as follows:

Bedroom Location	Measurements	Square Feet	Licensed Capacity
Upstairs East Bedroom	8'4" x 18'2"	151.36 square feet	2
Upstairs West Bedroom	8'4" x 14'4" plus 5'8" x 4'	142.01 square feet	1
Lower South Bedroom	13'9" x 10'3"	140.94 square feet	1
Lower Southeast Bedroom	12' x 15'1"	180.96 square feet	2

Based upon the above designations and calculations, it is noted the facility has the square footage required to house six (6) ambulatory male adults as outlined above.

The facility's kitchen was clean and the facility had all necessary kitchen appliances, dishes, pots and pans, bake wear, and thermometers in the refrigerator and freezer. Water temperature at the kitchen sink was within rule requirement guidelines of 105-120 degrees. The facility also had a washer and dryer, adequate linens, bath towels and washcloths.

An environmental health inspection was done September 8, 2003 due to private water and sewage by the Macomb County Environmental Health Department. Substantial compliance was issued. Septic was pumped and cleaned by Dave Allemon Septic Service on December 22, 2003.

The home has a van for transportation purposes, which includes a first aid kit for emergencies.

Medications for residents are locked and external and internals will be separated for each resident. Poisonous and caustic materials will be kept away from non-food preparation areas and locked. Hand towels and soap were located at the kitchen sink and in all bathrooms. Handrails and nonskid strips were located in the shower and bathtub areas. The home had a waste receptacle with a lid.

The consultant conducted a fire safety inspection and noted the following: smoke detectors were located by sleeping areas, in the living areas and basement. Heat detectors were located in the kitchen and laundry areas. Smoke detectors are interconnected to the electrical system and were audible when activated in bedrooms with the door closed. Windows all opened easily. Interior finish throughout the home is drywall. The furnace and hot water tank are located in the basement and are separated by a one and $\frac{3}{4}$ " door with a self-closing mechanism. Fire extinguishers were mounted on the main floor, upstairs and in the basement. The evacuation plan was posted by the exits and upstairs for fire escape. Exit doors (with the exception of the basement door leading outside) had the appropriate single motion, nonlocking against egress hardware. The home had emergency numbers posted by the telephones and written instructions for fire, medical and severe weather emergencies. A heating inspection was completed on November 11, 2003 by Andy's Statewide heating service checking burners, pilot, thermocouple and carbon monoxide. The furnace is noted to be in good operating condition.

B. Program Description

Quest, Inc. submitted application materials December 15, 2003 for an original license. Reason for the application is a change of licensee. The application indicates the facility will accept ambulatory male adults, diagnosed with a developmental disability. The proposed capacity is six residents.

Quest, Inc. submitted the following corporate documents to licensing: Board of Directors listing, the BCS/CD 2000 (Nonprofit corporation information update), the financial documents for the corporation, the articles of incorporation and the bylaws, the organizational chart, personnel policies and job descriptions.

Ms. Betty Kurczewski is the licensee designee authorized to conduct business and make licensing decisions on behalf of the corporation. Ms. Kurczewski is qualified to act as the administrator for individuals with developmental disabilities. Ms. Kurczewski provided evidence that she is in good mental and physical health via a medical clearance dated March 5, 2004 and had a negative tuberculin test dated April 17, 2003 (via Chest x-ray). Ms. Kurczewski also had a criminal history check completed on October 7, 2003 confirming she is of good moral character.

The corporation submitted facility records to licensing including the admission and discharge policies, the program statement, house rules, proposed staffing schedule, emergency preparedness plans, floor plan, proposed transportation, in home training guidelines, standard and routine procedures, sample menus, funds and valuables procedures and the contract with Macomb Oakland Regional Center, Inc.

The consultant reviewed eight employee files that contained completed applications, work experience and education, driver's licenses, receipt of job descriptions and personnel policies, criminal history checks through the state police verifying good moral character, medical documentation signed by the physician verifying good health and

negative tuberculin tests, and training both in-house and through the contractual agency. Employee files were complete and in compliance with the administrative rule requirements outlined in Rule 400.14208 except for the following violations:

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Employees 2 and 3 need a physical signed by their physician attesting to their health. Submit copies to licensing. The consultant received verification via the corrective action plan that these employees obtained physicals signed by their physician and were placed in their personnel files on February 16, 2004.

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:

(a) Be trained in the proper handling and administration of medication.

Employees 2, 7 and 8 need evidence of training in medication administration. Submit copies of their training to licensing. Per the 3/4/04 corrective action plan, two employees received their medication training on February 12, 2004 and have verification in their files and one employee resigned.

The consultant discussed with the manager required resident forms which she stated she was aware of including resident care agreements, assessment plans, medication records, resident weight records, resident identification and information forms, resident health care appraisals, physician contact logs, accident and incident reports, resident funds and valuables Part I and II, and resident grievance and complaint procedures. Resident records will be reviewed prior to the expiration of the temporary license date to ensure compliance.

C. Rule/Statutory Violations

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.

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee's health care statement is over six months old (4/13/03). Obtain a new statement from the physician and submit to licensing for the departmental file. The licensing consultant received an updated health care statement from the administrator on March 5, 2004.

VIOLATION ESTABLISHED

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Two employees did not have a physician's signature page with their physical. Obtain and submit copies to licensing. According to the corrective action plan, both employees have obtained the signature page with the doctor's signature on 2/16/04 and they are now in their files.

VIOLATION ESTABLISHED

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:

(a) Be trained in the proper handling and administration of medication.

Three employees require training in medication administration. Obtain and submit copies to licensing. Two of the three employees have completed medication training and have evidence of such training effective February 12, 2004. The third employee resigned.

VIOLATION ESTABLISHED

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Painting is needed in the lower level Southeast bedroom and in the front living room. Report when this will be completed. According to the plan of correction, painting will be completed by June 1, 2004.

VIOLATION ESTABLISHED

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

Change locking hardware on basement door leading to outside prior to resident use so it is single motion nonlocking against egress. Report when this will be completed. The licensee's plan of correction is that residents will not be permitted to utilize the basement.

VIOLATION ESTABLISHED

R 400.14401 Environmental health.

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

Lock up caustics in basement prior to resident access in a cabinet or cupboard. According to the licensee's plan of correction, the residents will not be permitted to utilize the basement.

IV. RECOMMENDATION

It is recommended a temporary license be issued to the applicant, Quest, Inc., for a

facility identified as Nicholson located at 32101 32 Mile Road in Richmond, Michigan, license #AS500262920. This is based upon the acceptable plan of correction submitted on March 12, 2004. The temporary license is effective for six months from the date of issuance.

Karen LaForest	Date
Licensing Consultant	

Approved By:

Candyce Crompton	Date
Area Manager	