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GOVERNOR

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

MARLON I. BROWN, DPA DIRECTOR

August 14, 2025

Verlillian Daugherty Belleville Quality Living, LLC 43480 Revere Dr. Belleville, MI 48111

RE: License #: AS820418419

**Belleville Quality Care Residence** 

43480 Revere Dr. Belleville, MI 48111

## Dear Ms Daugherty:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• An on-site inspection will be conducted. (Renewal inspection)

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (313) 456-0439.

Sincerely,

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198

(734) 395-4037

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

## I. IDENTIFYING INFORMATION

**License #:** AS820418419

Licensee Name: Belleville Quality Living, LLC

**Licensee Address:** 43480 Revere Dr.

Belleville, MI 48111

**Licensee Telephone #:** (313) 585-0524

Licensee/Licensee Designee: Verlillian Daugherty

**Administrator:** Verlillian Daugherty

Name of Facility: Belleville Quality Care Residence

**Facility Address:** 43480 Revere Dr.

Belleville, MI 48111

**Facility Telephone #:** (734) 345-8060

Original Issuance Date: 01/27/2025

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/31/2025		
Date o	of Bureau of Fire Services Inspection if applicable: N	N/A
Date of Health Authority Inspection if applicable: N/A		
No. of	f staff interviewed and/or observed f residents interviewed and/or observed f others interviewed Role:	0
• N	Medication pass / simulated pass observed? Yes	No ⊠ If no, explain.
• R Y • M	Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain No admissions during the temporary license.  Resident funds and associated documents reviewed for at least one resident?  Yes ☐ No ☒ If no, explain. No admissions during the temporary license.  Meal preparation / service observed? Yes ☐ No ☒ If no, explain.	
N	Fire drills reviewed? Yes $\square$ No $\boxtimes$ If no, explain. No admissions during the temporary license. Fire safety equipment and practices observed? Yes $\trianglerighteq$	☑ No ☐ If no, explain.
lf	E-scores reviewed? (Special Certification Only) Yes $\Box$ f no, explain. No admissions during the temporary lice Vater temperatures checked? Yes $\boxtimes$ No $\Box$ If no, e	ense.
• Ir	ncident report follow-up? Yes 🗌 No 🔀 If no, explain	n.
	Corrective action plan compliance verified? Yes ☐ C N/A ☒ Number of excluded employees followed-up? N	AP date/s and rule/s:
• V	/ariances? Yes ☐ (please explain) No ☐ N/A ☒	

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

#### MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

- (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:
- (b) The applicant's compliance with this act and rules promulgated under this act.

No admissions during the temporary license, therefore unable to access quality of care.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Vanita C. Bouldin

**Licensing Consultant** 

Vancon Beellein

Date: 08/06/2025

Date: 08/14/2025

Approved By:

Ardra Hunter Area Manager

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