



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 18, 2026

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

RE: Application #: AS820419902
Huron Meadow
24712 Huron River Dr.
Rockwood, MI 48173

Dear Mrs. Thomas:

Attached is the Original Licensing Study Report for the above referenced facility. 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 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,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419902
Applicant Name:	Quest, Inc
Applicant Address:	36141 Schoolcraft Road Livonia, MI 48150-1216
Applicant Telephone #:	(734) 838-3400
Administrator/Licensee Designee:	Renea Humphrey/Patricia Thomas
Name of Facility:	Huron Meadow
Facility Address:	24712 Huron River Dr. Rockwood, MI 48173
Facility Telephone #:	(734) 458-8140
Application Date:	09/08/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/08/2025	Enrollment
09/08/2025	PSOR on Address Completed
09/08/2025	Contact - Document Received 1326/RI030, 3704
09/15/2025	Application Incomplete Letter Sent
10/02/2025	SC-Application Received - Original
10/02/2025	Contact - Document Received
11/14/2025	Contact - Document Sent
12/16/2025	Contact - Document Received
02/18/2026	Contact - Document Sent
03/02/2026	Contact - Document Received
03/13/2026	Contact - Document Sent
04/22/2026	Contact - Document Received
05/07/2026	Inspection Completed On-site
05/07/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Huron Meadow is located in the downriver community of Rockwood in the County of Wayne. The facility is located in a residential area near the intersection of Huron River Drive and Willow Springs Road. The facility has easy access to Telegraph Road to the west and interstate 75 to east. There are multiple dining options including fast food chains in Rockwood and neighboring communities. The primary shopping hub along West Road in Woodhaven is within a 10-minute drive allowing easy access to dine in restaurants, grocery stores and retail centers. The city of Rockwood has a community Center that offers a variety of activities, such as health screenings, senior Olympics, exercise classes and crafts. There are also 2 parks in the city that provide outdoor leisure activities and are a hub for local events.

The home is owned by Quest, Inc as confirmed by the deed. Quest Inc. granted permission in writing authorizing the home to be inspected by Licensing and Regulatory Affairs for use as a licensed adult foster care small group home.

Huron Meadow is a ranch style home. The front door is the primary means of egress and the back door is the secondary means of egress. Both exits are at grade at the two approved means of egress from the first floor; therefore, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces. The facility has an open floor plan and consists of a dining room, full kitchen, front living room, main living room, staff office, laundry room, three bedrooms, and two full bathrooms. The facility's electric washer and clothes dryer are located in the laundry room on the main floor. The clothes dryer is vented to the outside using permanent metal duct work. The facility utilizes public water and sewer. The facility also has an attached two-car garage that will be used as additional storage space. There is also a lengthy driveway that allows ample space for parking for staff and visitors.

The facility does not have a basement. The gas furnace and hot water heater are located on the facility's main floor in a room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was inspected by a licensed electrician on 11/03/25 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, living rooms, kitchen, dining rooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The furnace was inspected on 10/17/25, the hot water heater on 04/16/26, and the sprinkler system on 08/27/25 by licensed professionals and were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'1"x11'0"	177 sq.ft	2
2	11'2"x17'4"	194 sq.ft.	2
3	16'10"x11'2"	188 sq.ft.	2

The living, dining, and sitting room areas measure a total of 585 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male and female ambulatory and/non ambulatory adults whose diagnosis is developmentally disabled, mentally ill, and physically handicapped, in the least restrictive environment possible.

The applicant will assist residents with activities of daily living, education, and employment. The program will promote independence and social interaction by assisting residents with self-care, personal hygiene, personal adjustment skills and public safety skills. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from Detroit Wayne Integrated Health Network and/or private pay individuals as referral sources.

The applicant shall provide or arrange transportation services as agreed upon in the Resident Care Agreement, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Quest, Inc, which is a Non-Profit Corporation was established in Michigan, on 06/29/1983. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Quest, Inc, Inc. have submitted documentation appointing Patricia Thomas as Licensee Designee and Renea Humphrey as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance with a statement from a physician documenting the applicant's good health, dated 02/10/26.

The Administrator, Renea Humphrey, also submitted a medical clearance with a statement from a physician documenting her good health, dated 01/08/26 and verification she has a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant has several years of experience as an adult foster care licensee designee, with direct care experience serving individuals with mental illness, developmentally disabilities and the physically handicapped. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident’s funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home capacity 6.



Pandrea Robinson
Licensing Consultant

05/12/26
Date

Approved By:



05/18/26

Ardra Hunter
Area Manager

Date