



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

September 29, 2006

Patricia Thomas  
Quest, Inc.  
Suite 200  
32231 Schoolcraft Rd  
Livonia, MI 48150

RE: Application #: AS500284586  
Dodge Park AIS  
11530 16 1/2 Mile Rd.  
Sterling Heights, MI 48312

Dear Ms. 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 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) 228-2093.

Sincerely,

Maureen J. Fisher, Licensing Consultant  
Office of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 228-2368

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500284586
<b>Applicant Name:</b>	Quest, Inc.
<b>Applicant Address:</b>	Suite 200 32231 Schoolcraft Rd Livonia, MI 48150
<b>Applicant Telephone #:</b>	(810) 553-5800
<b>Licensee Designee:</b>	Patricia Thomas, Designee
<b>Administrator/</b>	Burnzia Vogt
<b>Name of Facility:</b>	Dodge Park AIS
<b>Facility Address:</b>	11530 16 1/2 Mile Rd. Sterling Heights, MI 48312
<b>Facility Telephone #:</b>	(585) 268-2458 06/30/2006
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

06/30/2006	Enrollment
07/10/2006	Application Incomplete Letter Sent 1326 for Gaye Vogt, Administrator
07/24/2006	Contact - Document Received answers on 43, 44, and 45, incomplete 1326 for Gaye Vogt, copies of everything first time
07/27/2006	Application Incomplete Letter Sent AKA completed on 1326 for Gaye Vogt
08/09/2006	Application Complete/On-site Needed—incorrect entry by Central office.
08/15/2006	Application Incomplete Letter Sent
09/29/2006	Inspection Completed On-site Final inspection
09/29/2006	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is located in a single-story home with an attached 2 ½ car garage on a large, unfenced lot located within the City of Sterling Heights. Medical, shopping, and social resources for the residents are located within close proximity to the facility.

The home is constructed on a cement slab; the heating system is located in an enclosed room accessed through the garage. A qualified heating and cooling specialist has completed an inspection of the systems and found them to be in good working order. The home features public water and sewage system.

The home includes a living room, family room, dining room, kitchen, laundry room, staff office, four bedrooms, and two full bathrooms.

The dimensions of the community living space rooms are as follow:

Living room	11'10" x 12'8"	149.8 square feet
Family room	11'6" x 23'10"	274 square feet
Dining room	16' x 8'8"	138.6 square feet

The total community space of 562.4 square feet is sufficient for the maximum capacity of six residents permitted by rule for a small group home.

The locations, dimensions, square footage, and capacities of the bedrooms are as follows:

#1, Southwest	10'9" x 14'9"	158.6 square feet	capacity 2
#2, Northwest	15'4" x 10'9"	164.8 square feet	capacity 2
#3, Southeast	14'8" x 10'10"	158.8 square feet	capacity 2
#4, Northeast	15'3" x 10'10"	165.2 square feet	capacity 2

As currently arranged by the applicant and designated in the floor plan, bedrooms #1 and #2 each have one bed/resident. Bedrooms #3 and #4 each have two beds/two residents. The bedroom capacity is sufficient for a maximum of six residents for the facility as specified in the rules for a small group home.

The home features an interconnected, multi-station smoke detection system powered by the home's electrical system with battery backup and alarm system that is audible in all areas of the home. The system has been, inspected by a certified electrical contractor who has indicated the system is in good working order. Fire extinguishers are installed in the facility as required and the home also features a sprinkler system.

## **B. Program Description**

Dodge Park AIS has been established under contract with the Macomb Oakland Regional Center to service developmentally disabled and physically handicapped adults of both genders. This application for licensure is due to a change of licensee.

Quest, Inc. is an established corporation licensed in the State of Michigan and currently provides adult foster care services and supported independent living services in Macomb, Oakland, and Wayne counties. The licensee designee, Patricia Thomas, and the administrator, Burnzia Vogt, are experienced in the provision of adult foster care and have submitted documentation indicating that they meet the educational and training requirements specified by rule. Licensing Clearance Requests and Medical Clearances Requests have been received and approved for both Ms. Thomas and Ms. Vogt. The applicant has submitted financial documentation assuring the financial capability and stability of this corporation.

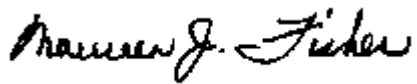
I have reviewed the personnel policies, job descriptions, staffing plan, and house rules submitted by the applicant and found that they meet all requirements. The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service to residents. Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident, and employee record keeping, including the handling and accounting of resident funds.

### C. Rule/Statutory Violations

The applicant was found to be in substantial compliance with the licensing act and applicable administrative rules.

### IV. RECOMMENDATION

I recommend that a temporary license be issued for this facility with a maximum capacity of six (6) residents.



Maureen J. Fisher  
Licensing Consultant

9/29/2006  
Date

Approved By:



Barbara Smalley  
Area Manager

09/29/2006  
Date