



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

July 15, 2015

Viorica Chirla  
6910 Montclair Dr.  
Troy, MI 48085

RE: Application #: AF630361910  
SJD Home Care  
6910 Montclair Dr.  
Troy, MI 48085

Dear Mrs. Chirla:

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 5 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Williams".

Stephanie A. Williams, Licensing Consultant  
Bureau of Children and Adult Licensing  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(586) 256-2097

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630361910
<b>Licensee Name:</b>	Viorica Chirla
<b>Licensee Address:</b>	6910 Montclair Dr. Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 573-0277
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	SJD Home Care
<b>Facility Address:</b>	6910 Montclair Dr. Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 573-0277
<b>Application Date:</b>	06/10/2014
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

06/10/2014	On-Line Enrollment
06/12/2014	PSOR on Address Completed
06/12/2014	Application Incomplete Letter Sent Licensing Clearance Record 1326A Maria /Licensing Clearance Record 1326A signatures/Viorica and Octavian Chirla.
06/12/2014	Contact - Document Sent Act and Rules.
06/19/2014	Application Complete/On-site Needed
06/19/2014	File Transferred To Field Office Pontiac.
07/02/2014	Comment Attempting to send application incomplete letter but receiving error message when opening template.
09/03/2014	Application Incomplete Letter Sent Sent to licensee by email.
11/05/2014	Contact - Document Received Medical Clearance records received for household members.
02/25/2015	Inspection Completed On-site
02/25/2015	Inspection Completed-BCAL Sub. Compliance
06/30/2015	Inspection Completed On-site
06/30/2015	Inspection Completed-BCAL Sub. Compliance
06/30/2015	Contact - Document Received Supportive documents received from Mrs. Chirla, licensee.
07/01/2015	Inspection Completed On-site
07/01/2015	Inspection Completed – BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single story ranch style aluminum dwelling first occupied in 1950, situated on almost an acre of land located in Troy, a suburb north of the City of Detroit. The home is owned by Octavian and Viorica Chirla, husband and wife. The facility has a proposed occupancy of five adult foster care residents. The community is serviced by public water and sewage system. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community. The facility is located on fully landscaped front and back yard that is not fenced. To service residents with mobility impairments, the facility is wheelchair accessible as the front egress door leads directly to firm-surfaced, unobstructed driveway which allows the occupant to move a safe distance away from the building as required by Rule 400.1439. The facility features gas forced furnace; which has been inspected by licensed contractor who certified that the system was in good operating condition as of the time of inspection and meets Rule 400.440(3) and there is also central air conditioning throughout. Laundry facilities are located on the first floor by the garage with a gas-dryer with a solid galvanized metal duct.

Emergency protocols and evacuation plans are posted as required by R 400.1438. Appropriate smoke detectors were installed as required throughout the home. Fire extinguishers were installed in the home although not required for a family home. The equivalent of 1 3/4 solid wood door has been installed and meets requirement of R400.1440 (6). A secured locked cabinet in the kitchen has been identified to house the resident's medications.

The interior of the home includes a living room, six bedrooms, two full baths, half-bathroom, a kitchen, dining area, and first floor laundry room and basement. The dimensions, square footage, and capacity limits are as follow:

Living room	23'8" x 23'4"	552 square feet
Sitting room	10'11" x 5'2"	56.5 square feet

Total living space: 608.5 square feet

Bedroom #1	10'6" x 10' 5"	109 square feet	Capacity 1
Bedroom #2	12'4" x 14'4" plus 9'2" x 4'2"	215 square feet	Capacity 2
Bedroom #3	12'4" x 14'4" plus 9'2" x 4'2"	215 square feet	Capacity 2

R 400.1427 requires that at least 35 square feet of living space per occupant (residents and household members) be contained in the home. The living space total for the living room, dining room, and family room is 608.5 square feet, meeting and exceeding the rule requirement for a facility licensed for five residents and four household members. Based solely on square footage of the bedrooms, bedroom #1 has the capacity for one resident and bedroom #2 and bedroom #3 each have the capacity of 2 residents. .

## **B. Program Description**

Mrs. Chirla has applied for licensure to provide adult foster care to a maximum of five adults either male or female. Mrs. Chirla will accept the following population aged, Alzheimer's, and physically handicapped. This is Mrs. Chirla's first adult foster care facility. Mr. Octavian Chirla has been identified as the responsible person during the times Mrs. Chirla is absent from the family foster care home.

Adult Foster Care Licensing Record Clearances have been completed for Mrs. Chirla, Mr. Chirla, and Ms. Marie Tintas, adult household member. Mrs. Chirla has been fingerprinted as well to meet licensure requirements. Mr. and Mrs. Chirla submitted medical clearances with proof of tuberculosis testing as required. Also, a medical clearance/tuberculosis was completed for Ms. Tintas as well as for the Chirlas' teenage son residing in the home.

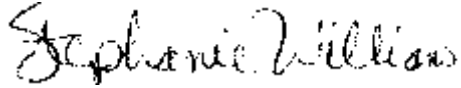
Technical assistance has been provided to Mrs. Chirla on 07/01/2015 to assist her with complying with statutory and rule requirements for the maintenance of the facility, resident records and employee records. This technical assistance included a review of requirements pertaining to the handling and accounting of resident funds and for compliance with statutory requirements (Section 400.734b of Public Act 218) pertaining to the hiring or contracting of persons who provide direct service to residents.

## **C. Rule/Statutory Violations**

At the time of the final inspection, the facility was found to be in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult family home, capacity 5.



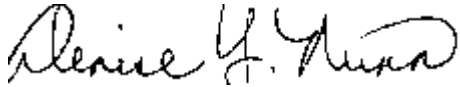
07/01/2015

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Stephanie A. Williams  
Licensing Consultant

Date

Approved By:



07/15/2015

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Denise Y. Nunn  
Area Manager

Date