



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 27, 2021

Grigore Turcas  
4400 N Latson Rd  
Howell, MI 48855

RE: Application #: AF470405130  
**Emmanuel Community Loving Care**  
**4400 N Latson Rd**  
**Howell, MI 48855**

Dear Mr. Turcas:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF470405130
<b>Licensee Name:</b>	Grigore Turcas
<b>Licensee Address:</b>	4400 N Latson Rd Howell, MI 48855
<b>Licensee Telephone #:</b>	(248) 296-5909
<b>Licensee:</b>	Grigore Turcas
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Emmanuel Community Loving Care
<b>Facility Address:</b>	4400 N Latson Rd Howell, MI 48855
<b>Facility Telephone #:</b>	(248) 296-5909
<b>Application Date:</b>	07/24/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

07/24/2020	On-Line Enrollment
07/30/2020	PSOR on Address Completed
07/30/2020	Contact - Document Sent Rule booklet
08/28/2020	Contact - Document Received App; AFC100 for Lidia (RP)
08/28/2020	Lic. Unit file referred for background check review. Lidia (RP)
09/30/2020	Contact - Document Received RI-030 & DL for Grigore
10/01/2020	Contact - Document Received 1326 for Grigore
10/01/2020	Inspection Report Requested - Health Inv. #1030927
10/07/2020	Application Incomplete Letter Sent
11/10/2020	Inspection Completed-Env. Health : A
12/10/2020	Contact - Document Sent Email to licensee to see if they have any questions about the required paperwork to submit.
04/23/2021	Application Complete/On-site Needed
04/23/2021	Inspection Completed On-site
04/23/2021	Inspection Completed-BCAL Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Emmanuel Community Loving Care is a large ranch-style home that was built in 1991 and is on 5-acre lot. The adult foster care (AFC) family home is in Oceola Township where there are restaurants, shopping, a bank, post office, a library, and churches available to residents. The main level of the home has a roomy layout with six private resident bedrooms. Although all of the resident bedrooms are private, all but room #3 is large enough to accommodate a married couple in the same room, however the applicant understands the license capacity cannot be exceeded.

The physical plant layout has most of the shared common area space on one side of the home and the individual resident bedrooms on the other side of the home. The family room contains a stationary bike for exercise and a piano. When entering the home from the front door, to the right or the east side of the home, are six resident bedrooms, two full resident bathrooms, a laundry room, and an inoperable elevator. To the left, or the west side of the home, are two half bathrooms, a large sitting area, a dining area, a kitchen, living room, storage room and an attached three car garage. Licensee Grigore Turcas agreed that if the elevator becomes operable that he would not utilize the elevator as a means of evacuation. Licensee Grigore Turcas also agreed to not use the natural fireplace that is located on the main floor of the home. The facility has ample parking for staff and visitors.

Members of household, licensee Grigore Turcas and Dana Turcas, will both sleep in the basement and that area is not accessible to residents. Mr. Turcas reported that there will always be an awake caretaker on the main floor of the home to care for the residents twenty-four hours a day, seven days a week. Mr. Turcas reported that even though this is a family home, there will be a caretaker who is awake on the main floor during sleeping hours as well.

The facility is wheelchair accessible as both of the exits are at grade, so wheelchair ramps are not required. One wheelchair accessible entrance/exit is located at the front of the facility and the other is located on the side of the facility. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility.

The facility utilizes private water supply and private sewage disposal system. This facility was inspected by the Livingston County Health Department on 11/10/2020 and was determined to be in substantial compliance with applicable environmental health rules.

An on-site inspection verified the home is in substantial compliance with rules pertaining to fire safety and the smoke detection system is fully operational. The home is equipped with a smoke detection system which includes smoke detectors that are battery operated and some that are interconnected with a battery back-up. Mr. Turcas agrees to replace the batteries in accordance with the manufacturer recommendation of the smoke detectors for those that rely on batteries as an energy source.

The facility is equipped with two gas forced heat furnaces which are located in the partially finished basement, in a separate enclosed room, with a fire-rated metal door with tag. One furnace was replaced in 2014 and the install date of the second furnace is unknown. The furnace has a 10-year parts and labor warranty through November 1, 2024 and a 25-year warranty on workmanship which will expire on November 1, 2039. The facility has two gas hot water heaters, and the facility is equipped with a central air-condition system. The home is equipped with a backup generator that runs the entire facility if power goes out.

Mr. Turcas provided documentation of a lease to rent 4400 N Latson Rd Howell, MI 48855 from owners Naomi Turcas and Dana Turcas for the purpose of running an adult foster care facility. This lease went into effect on July 1, 2020 and runs through July 1, 2025. Mr. Turcas provided a letter signed by owners Naomi Turcas and Dana Turcas who both acknowledged leasing the home to Mr. Turcas for the purpose of obtaining an adult foster care license and running an adult foster care home. Mr. Turcas provided documentation which provided permission for the inspection of the home for the purpose of licensure and continued inspection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	6'7" X 14'3" +7'2" X 5'8"	133.24	2
2	17'4" X 9'10"	170.44	2
3	9'9" X 12'12"	126.75	1
4	15'1" X 10'7"	159.63	2
5	12'11" X 11'6"	148.54	2
6	15'8" X 9'8"	151.44	2

The indoor living and dining areas measures over a total of 3,000 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Currently living in the home is licensee Grigore Turcas, his sister Dana Turcas and three adult members of household. There are no minor children living at the home. Licensee Turcas intends to admit the three members of household as adult foster care residents upon license issuance. Mr. Turcas reported that he will remain in the home for the duration of the license and understands this is a condition of the family home license status. All resident bedrooms with the exception of bedroom #3 is able to accommodate a married couple or two same-sex roommates. It is the licensee's responsibility not to exceed the facility's licensed capacity of six (6) residents.

## **B. Program Description**

The applicant is approved to provide care to the aged population. The applicant, Mr. Turcas, has provided direct care services to the aged population for the last four years through a private company. Mr. Turcas reported that he has also worked as a direct care worker at a licensed adult foster care facility previously. Mr. Turcas reported that he is trained in cardiopulmonary resuscitation (CPR) and first aid.

Criminal history background checks of Mr. Turcas were completed and he was determined to be of good moral character to provide licensed adult foster care.

Mr. Turcas submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

The applicant, Mr. Turcas, acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, Mr. Turcas, 24 hours a day, seven days a week.

A responsible person will be on call in an emergency situation for up to 72 hours. The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Mr. Turcas acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home. Mr. Turcas acknowledged an understanding of the responsibility to assess the good moral character of employees.

Mr. Turcas acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Turcas acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those responsible people that have received medication training and have been determined competent by licensee Mr. Turcas will 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.

Mr. Turcas acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each responsible person or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation for each responsible person/member of household and licensee, administrator or volunteer and follow the retention schedule for those documents.

Mr. Turcas acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Mr. Turcas acknowledged the responsibility to obtain the required 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.

Mr. Turcas acknowledged the 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. Mr. Turcas acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant, Mr. Turcas acknowledged that a separate *Resident Funds Part II* BCAL-2319 form 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Mr. Turcas acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

Mr. Turcas acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.


Mr. Turcas acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Mr. Turcas acknowledged that residents with mobility impairments will not reside at the facility as her home is not handicap accessible.

**C. 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 six-month temporary license to this family adult foster care home with a capacity of six (6) residents.



04/26/2021

---

Julie Elkins  
Licensing Consultant

Date

Approved By:



04/27/2021

---

Dawn N. Timm  
Area Manager

Date