



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 10, 2022

Paraschiva Rusu  
25411 Norfolk Street  
Dearborn Heights, MI 48125

RE: License #: AF820314843  
**Love Care**  
**25411 Norfolk Street**  
**Dearborn Heights, MI 48125**

Dear Ms. Rusu:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 456-0380.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-1934

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

**I. IDENTIFYING INFORMATION**

**License #:** AF820314843

**Licensee Name:** Paraschiva Rusu

**Licensee Address:** 25411 Norfolk Street  
Dearborn Heights, MI 48125

**Licensee Telephone #:** (313) 213-6146

**Licensee/Licensee Designee:** N/A

**Administrator:** N/A

**Name of Facility:** Love Care

**Facility Address:** 25411 Norfolk Street  
Dearborn Heights, MI 48125

**Facility Telephone #:** (313) 213-61465998

**Original Issuance Date:** 04/25/2012

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
MENTALLY ILL  
AGED



### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.1407                      Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians' instructions; health care appraisal.**

(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A uses bedrails. This consultant determined that the bedrails are an assistive device. The use of bedrails is not specified in Resident A's written assessment plan.

Bedrails may pose a risk of serious harm, therefore the need for bedrails shall be authorized, in writing, by a licensed physician.

### IV. RECOMMENDATION

Contingent upon submission of an acceptable corrective action plan, I recommend issuance of a 2-year regular adult foster care license.



Edith Richardson  
Licensing Consultant

02/11/2022  
Date