



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 22, 2022

Toader Pitu
30760 River Glen
Farmington Hills, MI 48336

RE: License #: AF630387550
River Glen Home Care LLC
30760 River Glen
Farmington Hills, MI 48336

Dear Mr. Pitu:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care family home license are renewed. The license is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AF630387550

Licensee Name: Toader Pitu

Licensee Address: 30760 River Glen
Farmington Hills, MI 48336

Licensee Telephone #: (248) 910-6164

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: River Glen Home Care LLC

Facility Address: 30760 River Glen
Farmington Hills, MI 48336

Facility Telephone #: (248) 910-6164

Original Issuance Date: 03/12/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee

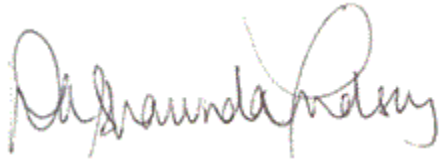
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection did not occur during a meal time.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
No applicable rule.
- Incident report follow-up? Yes No If no, explain.
There were no incident reports.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2020- af407(2), af407(6), af407(9), af416(3) af422(1), and af437(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with the rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



08/22/2022

DaShawnda Lindsey
Licensing Consultant

Date