



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 15, 2023

Radu Lilu  
Maria's House, LLC  
#59  
3579 Port Cove Dr  
Waterford, MI 48328

RE: Application #: AS630412795  
**Maria's House**  
**240 Applewood Ln**  
**Bloomfield Township, MI 48302**

Dear Mr. Lilu:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, denial of issuance of a license is recommended. You will be notified in writing of the Agency's intention and your options for resolution of this matter.

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License #:</b>                       | AS630412795                                       |
| <b>Licensee Name:</b>                   | Maria's House, LLC                                |
| <b>Licensee Address:</b>                | #59<br>3579 Port Cove Dr<br>Waterford, MI 48328   |
| <b>Licensee Telephone #:</b>            | (248) 705-9362                                    |
| <b>Administrator/Licensee Designee:</b> | Radu Lilu, Designee                               |
| <b>Name of Facility:</b>                | Maria's House                                     |
| <b>Facility Address:</b>                | 240 Applewood Ln<br>Bloomfield Township, MI 48302 |
| <b>Facility Telephone #:</b>            | (248) 705-9362                                    |
| <b>Application Date:</b>                | 05/21/2022  |
| <b>Capacity:</b>                        | 6   |
| <b>Program Type:</b>                    | AGED  |

## II. METHODOLOGY

|            |   |
|------------|---|
| 05/21/2022 | On-Line Enrollment  |
| 05/24/2022 | PSOR on Address Completed   |
| 07/01/2022 | Contact - Document Received<br>1326   |
| 08/19/2022 | Contact - Document Received<br>IRS letter and TCN written on the App inc    |
| 09/07/2022 | Application Incomplete Letter Sent  |
| 09/23/2022 | Contact - Document Received<br>Documentation received                       |
| 11/09/2022 | Inspection Completed On-site  |
| 11/09/2022 | Inspection Completed-BCAL Sub. Compliance                                   |
| 11/14/2022 | Application Incomplete Letter Sent<br>Confirming letter emailed             |
| 12/26/2022 | Contact - Document Received   |
| 12/28/2022 | Contact - Telephone call made<br>Telephone call made to applicant Radu Lilu |
| 12/28/2022 | Application Incomplete Letter Sent<br>Confirming letter emailed             |
| 01/03/2023 | Technical Assistance<br>Via telephone with applicant Radu Lilu              |
| 01/10/2023 | Contact - Document Received<br>Documentation received                       |
| 01/27/2023 | Contact - Document Received<br>Documentation received                       |
| 01/31/2023 | Application Incomplete Letter Sent<br>Confirming letter emailed             |
| 02/03/2023 | Contact - Document Received<br>Received an email from applicant Radu Lilu   |

|            |   |
|------------|---|
| 02/09/2023 | Contact - Document Sent<br>Emailed applicant Radu Lilu  |
| 02/21/2023 | Contact - Document Received<br>Documentation received   |
| 03/02/2023 | Inspection Completed-BCAL Sub. Non-Compliance<br>Onsite investigation conducted on 11/09/2022 |
| 03/02/2023 | Exit Conference<br>Held with applicant Radu Lilu  |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch home located in Bloomfield Township. The facility consists of five resident bedrooms, a full bathroom, a lavatory, a living room with an adjoining dining room, a sitting room, a laundry room, and a kitchen. There is also a full bathroom attached to one of the resident's bedrooms. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utility public water and sewage.

The gas furnace and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup.

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

| Bedroom # | Room Dimensions             | Total Square Footage | Total Resident Beds |
|-----------|-----------------------------|----------------------|---------------------|
| 1         | 13'5" x 12'8"               | 170.03               |                     |
| 2         | 14'10" x 10'                | 148.30               |                     |
| 3         | 10'9" x 14'9"               | 158.56               |                     |
| 4         | 16'2" x 10'8"<br>-2'2" x 6' | 159.51               |                     |
| 5         | 16'4" x 11'<br>-2'3" x 6'   | 166.13               |                     |

The living, dining, and sitting room areas measure more than 445.75 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Oakland County-DHS, Oakland County CMH, or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

|                    |  |
|--------------------|--|
| <b>R 400.14201</b> | <b>Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.</b>          |
|                    | (6) A licensee and the administrator shall have a high school diploma or general education diploma or equivalent and not less than 1 year of experience working with the population identified in the home's program statement and admission policy. |

On 05/21/2022, applicant Radu Lilu applied for a small adult foster care license. The population to be served in the facility were Alzheimer's, Traumatic Brain Injury (TBI), and Aged.

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On 09/07/2022, I emailed applicant Radu Lilu an application incomplete letter. I requested that Mr. Lilu submit verification of at least one year of experience with the population identified in the facility's program statement and admission policy as well other documents.

On 11/09/2022, I conducted an onsite inspection. Prior to entering the facility, I discussed the requirements for a licensee designee and administrator of an AFC facility with Mr. Lilu. I informed Mr. Lilu that he must have at least one year of experience working with the population to be served in the facility. I inquired about Mr. Lilu's experience. Mr. Lilu stated he began caring for his mother in 2016. Mr. Lilu stated his mother lived in an AFC facility beginning in 2016. I informed Mr. Lilu that he could not count caring for his mother while she resided in an AFC facility as experience.

On 11/14/2022, I emailed Mr. Lilu a confirming letter. I requested verification of experience.

On 12/26/2022, I received documentation from Mr. Lilu. However, Mr. Lilu did not submit any verification of experience.

On 12/28/2022, I conducted a telephone interview with Mr. Lilu to request missing documentation. Mr. Lilu confirmed he did not have at least one year of experience working with the population to be served in the facility. He stated he cared for his mother but confirmed his mother was admitted into a licensed adult foster care facility. Mr. Lilu stated he planned to appoint Alicia Hardville as the administrator.

On 12/28/2022, I emailed Mr. Lilu a confirming letter. I requested verification of experience for Mr. Lilu and Ms. Hardville.

On 01/10/2023, I received documentation from Mr. Lilu. Mr. Lilu forwarded me a work document listing his experience as followed:

- BSEE (1989), MSEE (1992), MS Management (1998)
- Caregiver for Maria Lilu (mother) who was diagnosed with Memory Loss/Cognitive Impairment Aug 2013 at Henry Ford WB
  - Doctor's appointments
  - Personal Affairs
  - Transportation
  - Outside Activities
- Maria Lilu broke her leg Sep 2016 and moved into an AFC later that year
- Continued as Caregiver for Maria Lilu for her continued medical needs and Covid diagnosis in 2020 until her death in Aug 2020
- Involved with Maria's House, LLC (2017-Present) in infrastructure matters
- Property Manager Rolling Hills Retirement Community 2022

Mr. Lilu did not forward any documents for Ms. Hardville.

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On 01/27/2023, Mr. Lilu forwarded the same documentation he sent to me on 01/10/2023.

On 01/31/2023, I emailed Mr. Lilu a confirming letter. I requested verification of experience for Mr. Lilu and Ms. Hardville.

On 02/02/2023, I received an email from Mr. Lilu. Mr. Lilu stated the following in the email:

“I am the licensee, there is no administrator, below please find my resume. I performed the caregiver role as detailed below, something that I would not list in my resume. I have her medical records and could review with you when you come back for your follow-up inspection.”

- Caregiver for Maria Lilu (mother) who was diagnosed with Memory Loss/ Cognitive Impairment Aug 2013 at Henry Ford WB
  - Doctor’s appointments
  - Personal Affairs
  - Transportation
  - Outside Activities
- Maria Lilu broke her leg Sep 2016 and moved into an AFC later that year
- Continued as Caregiver for Maria Lilu for her continued medical needs and Covid diagnosis in 2020 until her death in Aug 2020”.

On 02/09/2023, I emailed Mr. Lilu. I informed him that his resume did not show he had at least one year of experience working with the aged, Alzheimer’s and TBI populations. I also informed him documentation of his experience was required.

On 02/09/2023, I emailed Mr. Lilu to schedule a Zoom meeting to discuss the enrollment and eligibility criteria.

On 02/14/2023, Area Manager Ms. Nunn, Mr. Lilu and I participated in a Zoom meeting. Mr. Lilu stated Ms. Hardville will not be the administrator. I explained to Mr. Lilu that both the licensee designee and administrator must have at least one year of experience with working with the population to be served in the facility. Mr. Lilu discussed his experience. Ms. Nunn and I explained the criteria for foster care (24 hours or personal care, protection, and supervision). We informed Mr. Lilu he did not have at least one year of experience.

On 02/17/2023, I received documentation. Mr. Lilu stated his experience consisted of providing personal care, supervision, and protection for his mother from August 2013 to August 2020 and his minor child until she turned 18 years old. He also stated he assisted his mother for all activities of daily living for his father from 2008 to 2009.

Mr. Lilu has been inconsistent about his experience with working with the population to be served in the facility. Despite several attempts, I have been unable to determine that Mr. Lilu has the experience required to operate an AFC facility.

**VIOLATION ESTABLISHED**

|                    |   |
|--------------------|---|
| <b>R 400.14403</b> | <b>Maintenance of premises.</b>   |
|                    | (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance. |

On 11/09/2023, I conducted an onsite inspection. The closet door in one of the resident's bedrooms was off the hinge.

**VIOLATION ESTABLISHED**

|                    |  |
|--------------------|--|
| <b>R 400.14403</b> | <b>Maintenance of premises.</b>  |
|                    | (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair. |

There was wall damage and/or chipping paint in two of the residents' bedrooms.

**VIOLATION ESTABLISHED**

|                    |   |
|--------------------|---|
| <b>R 400.14407</b> | <b>Bathrooms</b>  |
|                    | (3) Bathrooms shall have doors. Only positive-latching, nonlocking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors. |

The full bathroom adjoined the resident's bedrooms was equipped with a pocket door. The door did not positively latch.

**VIOLATION ESTABLISHED**

|                    |  |
|--------------------|--|
| <b>R 400.14505</b> | <b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions and changes of category.</b> |
|--------------------|--|

|  |  |
|--|--|
|  | (1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations: (b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment. |
|--|--|

There was not a smoke detector in the kitchen.

**VIOLATION ESTABLISHED**

**EXIT CONFERENCE**

On 03/02/2023, I conducted an exit conference with applicant Radu Lili. I informed Mr. Lili that I recommend denial of issuance of the license.

**IV. RECOMMENDATION**

I recommend denial of issuance of this license.



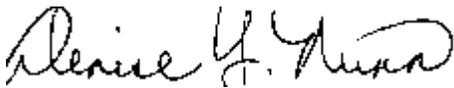
03/02/2023

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



03/06/2023

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Denise Y. Nunn  
Area Manager

Date