



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 9, 2024

Paul Petrascu  
D & P Specialized Living, Inc.  
22223 N. Brandon  
Farmington Hills, MI 48336

RE: License #: AS630315994  
**D & P Special Needs Center**  
**22223 N. Brandon**  
**Farmington Hills, MI 48336**

Dear Mr. Petrascu:

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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Johnna Cade". The signature is written in a cursive style with a large, looped initial "J".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630315994
<b>Licensee Name:</b>	D & P Specialized Living, Inc.
<b>Licensee Address:</b>	22223 N. Brandon Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(248) 957-8076
<b>Licensee Designee:</b>	Paul Petrascu
<b>Administrator:</b>	Daniela Petrascu
<b>Name of Facility:</b>	D & P Special Needs Center
<b>Facility Address:</b>	22223 N. Brandon Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 957-8076
<b>Original Issuance Date:</b>	03/13/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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 was not conducted during meal times.
- 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.
- Incident report follow-up? Yes  No  If no, explain.  
There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
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 found to be in non-compliance with the following rules:	
<b>R 400.14203</b>	<b>Licensee and administrator training requirements.</b>
	<b>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</b> <b>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</b>

During the onsite inspection completed on 09/09/24, administrator Daniela Petrascu and licensee designee Paul Petrascu did not have 16 hours of annual training completed for 2023 onsite and available for review.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>

During the onsite inspection completed on 09/09/24, direct care staff Lumanita Szabo and Alexandrue Petrascu were not tested for communicable tuberculosis within the last 3 years.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b>

	<p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(i) The medication.</b></li> <li><b>(ii) The dosage.</b></li> <li><b>(iii) Label instructions for use.</b></li> <li><b>(iv) Time to be administered.</b></li> <li><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></li> <li><b>(vi) A resident's refusal to accept prescribed medication or procedures.</b></li> </ul>
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During the onsite inspection completed on 09/09/24, Resident A did not have a medication administration record for March 2024, April 2024, and May 2024.

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#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/09/2024

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Johnna Cade  
Licensing Consultant

Date