



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 19, 2024

Daria Boboc  
21207 Parker St  
Farmington Hills, MI 48336

RE: Application #: AF630418167  
**The Fox Creek**  
**21207 Parker St**  
**Farmington Hills, MI 48336**

Dear Ms. Boboc:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630418167
<b>Applicant Name:</b>	Daria Boboc
<b>Applicant Address:</b>	21207 Parker St Farmington Hills, MI 48336
<b>Applicant Telephone #:</b>	(248) 766-8878
<b>Name of Facility:</b>	The Fox Creek
<b>Facility Address:</b>	21207 Parker St Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 893-7265
<b>Application Date:</b>	01/04/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED ALZHEIMERS AGED

## II. METHODOLOGY

01/04/2024	Enrollment
01/11/2024	PSOR on Address Completed
01/11/2024	Application Incomplete Letter Sent New FPs, AFC 100 for resp person, Page 2 of the application (is missing).
01/11/2024	Contact - Document Sent Forms sent.
01/22/2024	Contact - Document Received New FPS, Ri030 and app page 2, sent afc 100 for herself but must be someone other than licensee.
01/22/2024	Contact - Document Sent Sent email requesting AFC 100 for resp. Person must be someone other than applicant.
01/26/2024	Application Incomplete Letter Sent Sent via email to Daria Boboc.
07/29/2024	Contact - Document Sent Application incomplete letter status update requested via email.
11/06/2024	Contact - Document Received Facility documentation received: Fingerprints and proof of physical.
11/06/2024	Application Incomplete Letter Sent Additional documentation requested.
11/08/2024	Contact - Document Received Property Deed, Community Guidelines, Evacuation Plan, TB test and physical.
12/19/2024	Application Complete/On-site Needed
12/19/2024	PSOR on Address Completed No hits
12/19/2024	Inspection Completed On-site
12/19/2024	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a ranch style home in Farmington Hills. There are six bedrooms and two full bathrooms. The living room is an open space that leads to a dining area with a table that seats six people. The dining area leads to the kitchen. There is also an employee office. There is no basement in the home. The facility has two approved means of egress with non-locking against egress hardware. The facility is wheelchair accessible. There is adequate parking available in the driveway. The facility has city water and sewage.

The heating plant room is located at the end of the hallway near the residents' bedrooms. The heating plant room consist of a boiler and water heater. The heating plant door is enclosed in a room that is constructed of material which has a 1-hour fire resistance rating, and the door is equipped with an automatic self-closing device and positive latching hardware. There are smoke alarms in all the residents' bedrooms. There are also two smoke alarms in each sleeping area. There is a fire extinguisher located in the kitchen.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, dresser, and closet. The resident's bedroom doors are non-locking against egress hardware. The bathrooms are equipped with non-locking against egress hardware. I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The six resident bedrooms in the home measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	13.83 x 8.25	114.09	1
2	10.17 x 13.75	139.83	1
3	8.5 x 12	102	1
4	8.58 x 13.08	112.22	1
5	8.58 x 13.08	112.22	1
6	8.66 x 13.08	113.27	1

**Total Capacity: 6**

The living room and dining area measure a total of 814.45 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above-mentioned measurements, it is concluded that this facility can accommodate six (6) residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The Fox Creek will provide 24-hour supervision, protection, and personal care to six female and/or male residents 50 years and older. The home will accept residents with a diagnosis of physically handicapped, developmentally disabled, aged, traumatically brain injured, and Alzheimer. The Fox Creek will provide a home setting, meals, and social activities in a non-medical and loving environment. The Fox Creek will collaborate with family members, case managers, staff, and other professionals and supporters to help ensure residents are offered every opportunity to develop and have a fulfilled quality life.

## **C. Applicant and Responsible Person Qualifications**

The applicant, Daria Boboc, identified Darius Boboc as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Daria Boboc and Darius Boboc. Daria Boboc and Darius Boboc submitted medical clearance forms with statements from a physician documenting their good health and current TB negative results.

Daria Boboc indicated that she has sufficient financial resources to provide for the adequate care of the residents for a period of at least three months.

Daria Boboc acknowledged that an adult foster care family home requires the licensee to reside in the home in order to maintain this category type of adult foster care license. Daria Boboc provided a copy of her driver's license showing that her address is the same as the adult foster care family home.

The supervision of residents in this family home licensed for six residents will be the responsibility of Daria Boboc 24-hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Daria Boboc acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Daria Boboc acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Daria Boboc acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Daria Boboc indicated that resident medication will be locked up and that daily medication logs will be maintained on each resident receiving medication.

Daria Boboc acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledged the responsibility to maintain current employee records on file in the home for the licensee, responsible person, volunteers, or staff, and the retention schedule for all of the documents contained within each employee's file.

Daria Boboc acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Daria Boboc acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

Daria Boboc acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights.

Daria Boboc acknowledged an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Daria Boboc indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Daria Boboc acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

Daria Boboc acknowledged the responsibility to obtain the required forms and signatures that are to be prior to, or at the time of each resident's admission to the home, as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, Daria Boboc acknowledged the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

#### **D. Rule/Statutory Violations**

Daria Boboc was in compliance with the licensing act and applicable administrative rules at the time of licensure. This home was previously licensed as The Fox Creek (AS630404512), Daria Boboc was the administrator. At the time of licensure there were six residents residing in the home.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to The Fox Creek, an adult foster care family home with a capacity of six residents.



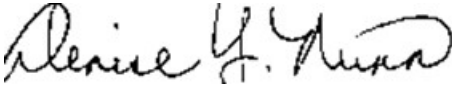
12/19/2024

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Johnna Cade  
Licensing Consultant

Date

Approved By:



12/19/2024

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Denise Y. Nunn  
Area Manager

Date