



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2024

Cornelia and Alexandru Derecichei
37860 Hazel Street
Harrison Township, MI 48045

RE: License #: AF500282023
Metroparkway Home
37860 Hazel Street
Harrison Township, MI 48045

Dear Cornelia and Alexandru Derecichei:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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 that reads 'L. Reed'.

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|---|
| License #: | AF500282023 |
| Licensee Name: | Cornelia and Alexandru Derecichei |
| Licensee Address: | 37860 Hazel Street Harrison Township, MI 48045 |
| Licensee Telephone #: | (586) 463-6344 |
| Licensee/Licensee Designee: | N/A |
| Administrator: | N/A |
| Name of Facility: | Metroparkway Home |
| Facility Address: | 37860 Hazel Street Harrison Township, MI 48045 |
| Facility Telephone #: | (586) 463-6344 |
| Original Issuance Date: | 07/12/2006 |
| Capacity: | 6 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/23/2024

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

Date of Health Authority Inspection if applicable: 09/30/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
I observed medications.
- 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.
- 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 incident reports.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



12/23/2024

LaShonda Reed
Licensing Consultant

Date