



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 7, 2025

Monica Bercea  
Exclusive Home Care LLC  
22215 N. Brandon Street  
Farmington Hills, MI 48336

RE: License #: AS630373446  
**Exclusive Home Care for the Aged**  
**22215 N. Brandon Street**  
**Farmington Hills, MI 48336**

Dear Ms. Bercea:

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) 972-9136.

Sincerely,

A handwritten signature in blue ink that reads "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202 (248) 320-3721

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

**I. IDENTIFYING INFORMATION**

<b>LicenseLicense #:</b>	AS630373446
<b>Licensee Name:</b>	Exclusive Home Care LLC
<b>Licensee Address:</b>	22215 N. Brandon Street Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(734) 355-5622
<b>Licensee/Licensee Designee:</b>	Monica Bercea
<b>Administrator:</b>	Monica Bercea
<b>Name of Facility:</b>	Exclusive Home Care for the Aged
<b>Facility Address:</b>	22215 N. Brandon Street Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(734) 355-5622
<b>Original Issuance Date:</b>	02/15/2017
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/06/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- 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 onsite inspection did not take place during a mealtime, an adequate amount of fresh and nutritious foods was observed.
- 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.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:  
08/09/2025; R400.14312, R400.14408. N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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

A handwritten signature in blue ink that reads "Sara E. Shaughnessy". The signature is written in a cursive style with a large, looped "S" at the beginning.

08/07/2025

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Sara Shaughnessy  
Licensing Consultant

Date