

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 8, 2025

Sorin Popa Vicky's Place LLC 31401 W Stonewood Ct Farmington Hills, MI 48334

RE: License #: AS630403549

Vicky's Place

6674 E Knollwood Cir

West Bloomfield, MI 48322

Dear Mr. Popa:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Cindy Berry, Licensing Consultant

Bureau of Community and Health Systems

3026 West Grand Blvd

Cadillac Place. Ste 9-100

Detroit, MI 48202 (248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AS630403549

Licensee Name: Vicky's Place LLC

Licensee Address: 6674 E Knollwood Cir

West Bloomfield, MI 48322

Licensee Telephone #: (734) 834-0423

Licensee Designee: Sorin Popa

Administrator: Sorin Popa

Name of Facility: Vicky's Place

Facility Address: 6674 E Knollwood Cir

West Bloomfield, MI 48322

Facility Telephone #: (734) 834-0423

Original Issuance Date: 03/10/2021

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	09/08/2025	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A	3 6	
•	Medication pass / simulated pass observed? Yes \boxtimes	No ☐ If no, explain.	
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain.		
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	Incident report follow-up? Yes \square No \boxtimes If no, explain. There were no incident reports to follow-up on. Corrective action plan compliance verified? Yes \boxtimes CAP date/s and rule/s: Referenced in LSR dated 9/6/2023; CAP dated 9/6/2023, R 203(1) and R 507(5) N/A \square		
•	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:

R 400.14310 Resident health care.

- (3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
- There were no weights documented for Resident C for the months of 9/2024, 11/2024, 1/2025, 4/2025, and 7/2025.
- There were no weights documented for Resident D for the months of 10/2024, 11/2024, 4/2025, and 7/2025.
- There were no weights documented for Resident E for the months of 1/2024, 9/2024, 11/2024, 1/2025, 4/2025, and 4/2025.
- There were no weights documented for Resident F for the months of 11/2024, 1/2025, 3/2025, and 7/2025.

A corrective action plan was requested and approved on 09/08/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Cindy Ben	9/08/2025
Cindy Berry Licensing Consultant	Date