



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 2, 2026

Alexandru Derecichei
Christ LED Care Inc
PO Box 400
New Baltimore, MI 48047

RE: License #: AL500317932
Torrey Pines House of Bread
34720 24 Mile Road
Chesterfield, MI 48047

Dear Mr. Derecichei:

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AL500317932
Licensee Name:	Christ LED Care Inc
Licensee Address:	PO Box 400 New Baltimore, MI 48047
Licensee Telephone #:	(248) 470-3797
Licensee/Licensee Designee:	Alexandru Derecichei
Administrator:	Alexandru Derecichei
Name of Facility:	Torrey Pines House of Bread
Facility Address:	34720 24 Mile Road Chesterfield, MI 48047
Facility Telephone #:	(586) 725-6725
Original Issuance Date:	08/16/2013
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/30/2026

Date of Bureau of Fire Services Inspection if applicable: 01/28/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Reviewed medications with staff.
- 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.
Inspection did not occur during a meal preparation.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
BFS approval 01/28/2026
- 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:
CAP date 06/26/2024- AS310(3), AS312(1) 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:

R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.
Resident A did not have authorization for use of toilet raiser in file.	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered.
Resident A's June 2026 medication log listed Alprazolam .25 mg, take one tab by mouth daily for anxiety. The medication label did not match medication log and indicated that medication could be administered three times daily.	
Resident B's June 2026 medication log listed Gentamicin .3% eye drops, instill drops in left eye three times a day. The medication log indicated medication was as needed PRN, however, this was not indicated on medication label.	

IV. RECOMMENDATION

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



07/02/2026

Kristine Cilluffo
Licensing Consultant

Date