



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 12, 2018

Toader Pitu
30760 River Glen
Farmington Hills, MI 48336

RE: Application #: AF630387550
River Glen Home Care
30760 River Glen
Farmington Hills, MI 48336

Dear Mr. Pitu:

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AF630387550

Applicant Name: Toader Pitu

Applicant Address: 30760 River Glen
Farmington Hills, MI 48336

Applicant Telephone #: (248) 910-6164

Administrator/Licensee Designee: N/A

Name of Facility: River Glen Home Care

Facility Address: 30760 River Glen
Farmington Hills, MI 48336

Facility Telephone #: (248) 910-6164

Application Date: 03/13/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODOLOGY

03/13/2017	Enrollment
03/23/2017	PSOR on Address Completed
03/23/2017	Application Incomplete Letter Sent FP, RI030, 1326A-FP/Toader, 1326A-NFP/Gavril.
03/23/2017	Contact - Document Sent Act & Rules.
04/06/2017	File Transferred To Field Office Pontiac.
04/10/2017	Contact - Document Received Licensing file received from Central office
04/13/2017	Application Incomplete Letter Sent
05/23/2017	Contact - Telephone call made Telephone call made to applicant Toader Pitu. He is still interested in opening a family home.
06/07/2017	Contact - Document Received Received documentation
06/07/2017	Contact - Telephone call made Telephone call made to applicant Toader Pitu
06/07/2017	Contact - Document Sent Emailed a BCAL 1326 NFP to applicant Toader Pitu
07/10/2017	Contact - Telephone call received
07/12/2017	Contact - Telephone call made Telephone call made to applicant Toader Pitu. Left a message.
08/10/2017	Contact - Telephone call made Telephone call made to applicant Toader Pitu. Left a message.
08/24/2017	Contact - Telephone call made Telephone call made to applicant Toader Pitu
11/08/2017	Contact - Telephone call made Telephone call made to applicant Toader Pitu

01/02/2018	Contact - Telephone call made Telephone call made to applicant Toader Pitu
02/20/2018	Inspection Completed On-site
02/20/2018	Inspection Completed-BCAL Sub. Compliance
02/22/2018	Application Incomplete Letter Sent Confirming letter emailed
02/27/2018	Inspection Completed On-site
02/27/2018	Inspection Completed Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is in the city of Farmington Hills. The main level consists of a kitchen, a combined living room and dining area, an additional living room, a full bathroom, and four resident bedrooms. There is a full bathroom to adjoined to both resident bedroom #2 and #3. There is a full bathroom adjoined to bedroom #4 as well. The main level also consists a living quarter for applicant Toader Pitu and his family. This area is off limits to the residents and consists of a sitting area, dining room, laundry room, and a master bedroom with an attached full bathroom. The upper level is an additional living quarter for Mr. Pitu and his family and is off limits to the residents as well. This area consists of a sitting area room, bedroom, and an attic. This facility is wheelchair accessible and has at least, 1 means of egress that is equipped with a ramp from the first floor. This facility utilizes public water and sewage.

The gas furnace is located on the upper level of the facility in an attic with a 1³/₄ -inch solid core door equipped with an automatic self-closing device and positive latching hardware. The electric water heater is located on the main level of the facility in the laundry room. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, in the living room, in the area near the furnace. There are fire extinguishers installed of each level of the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'7" x 15'7" -6'10" x 2'11"	151.44	2
2	12' x 11'7"	138.96	1*
3	12'3" x 13'4" -3'6" x 1'	159.79	2
4	14'2" x 10'4"	146.38	1*

Total: 6

*This bedroom is big enough for two residents; however, only one resident will be in this bedroom.

The living, dining, and sitting room areas measure a total of 706.14 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant Toader Pitu intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. Mr. Pitu intends to accept residents from Oakland County-DHS, Oakland County CMH and/or private pay individuals as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of Mr. Pitu to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Toader Pitu. Mr. Pitu and responsible person Gavril Pitu submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Pitu has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment. Mr. Pitu's monthly net income from outside employment is approximately \$5500.

Mr. Pitu acknowledged the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day and 7 days a week. A responsible person shall be on call to provide supervision in relief.

Mr. Pitu has indicated that for the original license of this 6-bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 residents. Mr. Pitu acknowledged that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Mr. Pitu acknowledged an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Mr. Pitu acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Pitu acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Mr. Pitu has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Pitu acknowledged their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Mr. Pitu

acknowledged that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

Mr. Pitu acknowledged their responsibility to maintain all the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

Mr. Pitu 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.

Mr. Pitu acknowledged their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Pitu acknowledged their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents required to be maintained within each resident's file.

Mr. Pitu acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mr. Pitu acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Pitu acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Pitu indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Pitu 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. Mr. Pitu has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Pitu 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.

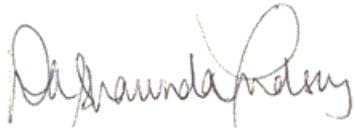
Mr. Pitu acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant Toader Pitu was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 1-6).

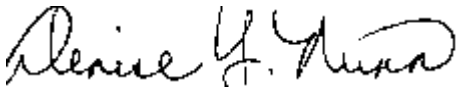


03/01/2018

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



03/12/2018

Denise Y. Nunn
Area Manager

Date