



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 10, 2021

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

RE: Application #: AS630403549  
**Vicky's Place**  
**6674 E Knollwood Cir**  
**West Bloomfield, MI 48322**

Dear Mr. Popa:

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 that reads "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403549
<b>Licensee Name:</b>	Vicky's Place LLC
<b>Licensee Address:</b>	6674 E Knollwood Cir West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(734) 834-0423
<b>Administrator/Licensee Designee:</b>	Sorin Popa
<b>Name of Facility:</b>	Vicky's Place
<b>Facility Address:</b>	6674 E Knollwood Cir West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(734) 834-0423
<b>Application Date:</b>	02/19/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

02/19/2020	On-Line Enrollment
02/19/2020	On-Line Application Incomplete Letter Sent 1326 & RI030 for Sorin, Tax ID Letter
02/20/2020	Comment Sorin's FP are on system.
03/09/2020	Contact - Document Received Tax ID, AFC100 & 1326
03/12/2020	Contact - Document Received Licensing file received from Central office.
05/15/2020	Application Incomplete Letter Sent
12/07/2020	Contact - Document Received
12/07/2020	Application Complete/On-site Needed
12/15/2020	Inspection Completed On-site
12/17/2020	Contact - Document Received Received requested documents from LD.
12/17/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This evaluation is based upon requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Vicky's Place is located at 6674 E. Knollwood Circle, West Bloomfield, MI 48322. The home is owned by Karen Kaselitz (Commercial Contracting) with a lease agreement established between Karen Kaselitz, Sorin Popa and Mr. Popa's wife, Victoria Ungur. Mr. Popa submitted a copy of the lease agreement showing that the lease term remains in effect until May 31, 2025 with an option to renew the lease for 1 additional 5 year period at a mutually agreed upon rental rate for the premises.

Vickey's Place is a ranch style, brick structured home that does not contain a basement. The home consists of a great room, dining room, kitchen, 6 bedrooms, 5 for resident use (one of which was a living room that was converted into a bedroom), 1 for Mr. Popa's use, a first floor laundry room, 3 full bathrooms (1 contained in bedroom # 1, 1 contained in Mr. Popa's bedroom and one in the hallway near bedrooms 1, 2 and 3), 1 half bath contained in bedroom #1 and an attached garage. In addition to the primary rooms on the first floor of the home, there is an additional loft area over the laundry room that is not for resident use. The home is wheelchair accessible as there are two separate means of egress that contain a ramp. There is a threshold ramp at the front of the home and a door attached to the garage that lead to a cemented walkway and on to the driveway.

The facility is heated by three natural gas forced air furnaces with one located in the hallway off the kitchen, one inside bedroom #4 and one outside of bedroom #4. All three furnaces are equipped with an approved fire rated door and contain an automatic self-closing device with positive-latching hardware. The facility is equipped with battery-powered, single station smoke detectors that are installed near the sleeping areas and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'11" x 12'6"	186	1
2	11'8" x 13'5"	156	1
3	9'10" x 10'9"	105	1
4	17'4" x 9'9"	169	2
5	13'7" x 21'	285	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 508 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

Sorin Popa applied for an original license on 2/19/2020 for a small group home. The application indicates that the home will accept both male and female residents who are aged, physically handicapped and suffer from Alzheimer's disease. Residents can be ambulatory or non-ambulatory as the home is barrier free by design.

Mr. Popa intends to provide 24-hour supervision, protection, and personal care to six (6) residents. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

If required, behavioral interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public libraries, local museums, shopping centers and churches. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

The applicant is Vicky's Place, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 05/14/2018. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Vicky's Place, L.L.C. have submitted documentation appointing Sorin Popa as licensee designee and administrator for this facility.

A criminal history background check of Sorin Popa was completed and he was determined to be of good moral character to provide licensed adult foster care. Mr. Popa submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Popa provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Popa has worked in a licensed adult foster care family home (Vicky's Place – AF630393024) since April 2018 as a direct care worker. Mr. Popa provided certificates of trainings he completed relevant to the population identified in the program statement.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff members for 6 residents during the day and afternoon shift and one staff member during the midnight shift. Mr. Popa acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Popa indicated that direct care staff will be awake during sleeping hours.

Mr. Popa acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Mr. Popa acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Popa acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Popa acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Mr. Popa 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. Popa acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mr. Popa acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Mr. Popa acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Popa acknowledged the 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. Popa acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Mr. Popa acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Popa acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents personal money transactions that have been agreed to be managed by the applicant.

Mr. Popa acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Mr. Popa indicated the intent to respect and safeguard these resident rights.

Mr. Popa acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Mr. Popa acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of 6.



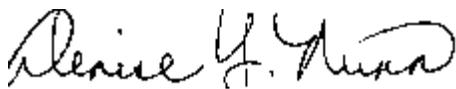
3/10/2021

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Cindy Berry  
Licensing Consultant

Date

Approved By:



03/10/2021

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Denise Y. Nunn  
Area Manager

Date