



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 28, 2022

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 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) 975-5053.

Sincerely,

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

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(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): 06/27/2022

Date of Bureau of Fire Services Inspection if applicable: 02/02/2022

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures 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.
- 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:
CAP date 11/11/2020- AS205(3)(5), AS207(3), AS306(2)(3), AS316(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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



06/28/2022

Kristine Cilluffo
Licensing Consultant

Date