



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 11, 2023

Lavinia Bercea
Joyful Living Home Care
23045 Canfield Ave.
Farmington Hills, MI 48336

RE: Application #: AS630412417
Joyful Living Home Care
23045 Canfield Ave.
Farmington Hills, MI 48336

Dear Mrs. Bercea:

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 4 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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630412417
Licensee Name:	Joyful Living Home Care
Licensee Address:	23045 Canfield Ave. Farmington Hills, MI 48336
Licensee Telephone #:	(248) 987-4143
Administrator/Licensee Designee:	Lavinia Bercea, Designee
Name of Facility:	Joyful Living Home Care
Facility Address:	23045 Canfield Ave. Farmington Hills, MI 48336
Facility Telephone #:	(248) 987-4143
Application Date:	04/22/2022
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

04/22/2022	On-Line Enrollment
05/17/2022	Contact - Document Received 1326, ri030, afc 100, copy of app
06/06/2022	PSOR on Address Completed
06/06/2022	File Transferred to Field Office
06/06/2022	Application Incomplete Letter Sent App incomplete letter emailed to license designee Ravinia Bercea.
12/15/2022	Inspection Completed On-site
12/15/2022	Inspection Completed-BCAL Full Compliance

A. Physical Description of Facility

Joyful Living Home Care is a ranch style home in a residential area of City of Farmington Hills. The home is a one-story structure without a basement. The home consists of a living room, kitchen, dining area adjacent to the kitchen, and a piano room. There are two bedrooms and full bathroom. This home is wheelchair accessible. Joyful Living Home Care utilizes public water supply and sewage disposal system.

The furnace is a rooftop outdoor furnace that sits on a slab located in the backyard of the home. This home has a tankless hot water that is located in the laundry room. The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The licensee Lavina Zina Bercea and her husband Mihai Bercea reside at this facility. Mr. and Mrs. Bercea have a gun safe in the home that is located in the hallway of their bedroom. As a safety precaution for the residents, the gun safe is locked and the ammunition is placed in another location and is also locked.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.07" x 11.06"	145	2
2	12.08" x 11.02"	141	2

Total Capacity 4

The living, dining, and piano room areas measure a total of **586** square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, this facility can accommodate **4** residents. It is the licensee's responsibility to not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Mrs. Bercea intends to provide 24-hour supervision, protection, and personal care to four (**4**) male or female ambulatory adults whose diagnosis is Alzheimer's (dementia), aged and physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs as it relates to Alzheimer's. Residents will be private source of income.

The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

Mrs. Bercea has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of Mrs. Bercea's budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from Mrs. Bercea's spouse who is self-employed.

Joyful Living Home Care is Joyful Living Home Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/12/2019. Mrs. Bercea submitted bank statements and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Joyful Living Home Care, L.L.C. has submitted documentation appointing Lavina Zina Bercea as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no lien convictions recorded for Mrs. Bercea. Mrs. Bercea submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mrs. Bercea has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Bercea has an associates degree in Health Information Management. Mrs. Bercea gained experience with the aged and the physically handicapped population working as a direct care

worker at an adult foster care group home, D&P Special Needs Center, Inc., from 2018-2022.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. All staff shall be awake during sleeping hours.

Mrs. Bercea acknowledges an understanding of the training and qualification 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.

Mrs. Bercea 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mrs. Bercea acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Mrs. Bercea 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.

Mrs. Bercea acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Mrs. Bercea acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

Mrs. Bercea acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Mrs. Bercea has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mrs. Bercea acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Mrs. Bercea acknowledges their responsibility to obtain all the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, Mrs. Bercea acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

Mrs. Bercea acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Mrs. Bercea was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home with the capacity of four (4).

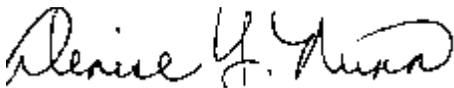


01/10/2023

Frodet Dawisha
Licensing Consultant

Date

Approved By:



01/11/2023

Denise Y. Nunn
Area Manager

Date