



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 6, 2023

Elisabeta Biraru and Ionel Biraru  
2718 Lovington Ave.  
Troy, MI 48083

RE: Application #: AF630415822  
**Troy Gentle Care Home**  
**2718 Lovington Ave.**  
**Troy, MI 48083**

Dear Elisabeta Biraru and Ionel Biraru:

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 3 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 "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630415822
<b>Applicant Name:</b>	Elisabeta Biraru and Ionel Birau
<b>Applicant Address:</b>	2718 Lovington Ave. Troy, MI 48083
<b>Applicant Telephone #:</b>	(248) 602-6706
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Troy Gentle Care Home
<b>Facility Address:</b>	2718 Lovington Ave. Troy, MI 48083
<b>Facility Telephone #:</b>	(248) 602-6706
<b>Application Date:</b>	02/21/2023
<b>Capacity:</b>	3
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

02/21/2023	Enrollment
03/07/2023	PSOR on Address Completed
03/07/2023	Application Incomplete Letter Sent 1326 / RI030 / FPS, AFC100
03/07/2023	Contact - Document Sent forms sent
03/31/2023	Contact - Document Received AFC100, 1326, RI030, FP
04/21/2023	Application Incomplete Letter Sent A checklist was sent to the applicant.
05/18/2023	Contact – Document Received Requested documents were received from the applicant while I was on vacation.
06/23/2023	Contact – Telephone call made I contacted the applicant regarding the documents provided. The applicant was advised of corrections needed and documents that were missing.
08/02/2023	Contact – Document Sent A correction letter was sent to the applicant outlining the missing items and the corrections needed.
08/12/2023	Contact - Document Received I received the corrected/missing documents.
09/06/2023	Inspection Completed On-site
09/14/2023	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
09/28/2023	Application Complete/On-site Needed
10/03/2023	Inspection Completed-BCAL Full Compliance Received pictures of the backyard fence on 10/03/23.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This home is a single-family ranch style home in Troy, MI. There are three bedrooms, one full bathroom, and one-half bathroom. The living room is an open space that contains a fireplace. The fireplace in the living room is secured to prevent the residents from using it. The living room opens up to a dining area. The dining area consist of a table, four chairs, and a bench. The dining area leads to the kitchen. There is one camera located in the kitchen that faces the outside window. There are two additional cameras in the dining area and living room. It was explained to the licensee that cameras are not allowed in the residents bedrooms or bathrooms.

The home is wheelchair accessible. The main exit leads to a front porch that is connected to a wheelchair ramp. Per Rule 439(1), a minimum of one wheelchair ramp is required at a primary means of egress for a family AFC group home. There is parking available in the driveway. The home has city water and sewage.

There is a basement in the home. However, the basement is not being licensed as only the upstairs of the home will be considered a licensed family AFC group home. The licensee and her family will reside in the basement. The heating plant room is located in the basement in an enclosed room. The heating plant room consist of a furnace and water heater. The heating plant door is equipped with an automatic self-closing device and positive latching hardware. The heating plants were inspected on 09/12/23 and there were no concerns reported. There are smoke alarms in each bedroom. There is also a smoke alarm near the full bathroom. A fire extinguisher is located near the dining area and living room. There is a locked cabinet near the full bathroom for the resident's medications.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, and closet/dresser/wardrobe. The resident's bedroom doors do not have any locks. The resident's bathrooms do not have any locks. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The three resident bedrooms in the home measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	10.08 x 9.58	96.56	1
2	10.5 x 10.92	114.66	1
3	11 x 11	121	1

**Total Capacity: 3**

The living room and dining area measure a total of 369.52 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above-mentioned measurements, it is concluded that this facility can accommodate three residents. It is the licensee's responsibility not to exceed the home licensed capacity.

## **B. Program Description**

On 02/24/23, a joint application was received from Elisabeta Birau and Ionel Birau for a license to provide adult foster care services in a family home. Mr. and Mrs. Birau intend to provide 24-hour supervision, protection, and personal care for three residents. The population served will consist of physically handicapped, developmentally disabled, mentally ill, aged, and traumatically brain injured. The home will accept both male and female ages 18 years old and older.

Transportation to doctor's appointments will be provided by the home. Mr. and Mrs. Birau will ensure the residents personal care needs including activities of daily living will be provided.

## **C. Applicant and Administrator Qualifications**

I received a copy of the deed for the home. Mr. and Mrs. Birau are listed as the grantor(s) on the deed. An evacuation plan and house guidelines were received and approved.

The licensing record clearance request were completed for Mr. and Mrs. Birau with no LEIN convictions recorded. The designated responsible person will be Elisabeta Ghiurau. A licensing record clearance request was also completed for Ms. Ghiurau with no LEIN convictions recorded. Mr. and Mrs. Birau submitted medical clearances with statements from their physician documenting their good health and current TB negative test results. Ms. Ghiurau also submitted a medical clearance with a statement from her physician documenting her good health and current TB negative test results.

Mr. and Mrs. Birau also have three minor children who reside in the home. The children are: Rebecca Birau D.O.B 07/10/17, Tabitha Birau D.O.B 01/26/19, and Johnny Birau D.O.B 11/01/21. Medical clearances with statements from their physicians documenting their good health and current TB negative test results were submitted for each child.

Mr. and Mrs. Birau 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. and Mrs. Birau acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. and Mrs. Birau acknowledged 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, a resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. and Mrs. Birau acknowledged their responsibility to obtain all required 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, the licensee acknowledged their responsibility to maintain all required documentation in each employee's record or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. and Mrs. Birau 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. and Mrs. Birau acknowledged her responsibility to obtain the required 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. The licensee also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mr. and Mrs. Birau acknowledged her 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. and Mrs. Birau acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The licensee 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 resident's personal money transactions that have been agreed to be managed by the licensee.

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

Mr. and Mrs. Birau acknowledged 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. The licensee designee indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

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

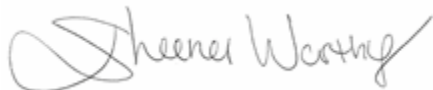
Mr. and Mrs. Birau acknowledged they have a copy of the licensing rule book for AFC family group homes. The licensing consultant provided a copy of the required forms that must be completed for each resident to the licensee.

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

Troy Gentle Care Home was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

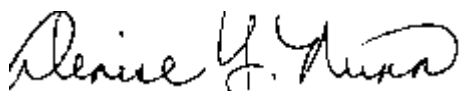
I recommend issuance of a temporary license to this AFC adult family home (capacity 1-3).



Sheena Worthy  
Licensing Consultant

10/05/23  
Date

Approved By:



10/06/2023

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Denise Y. Nunn  
Area Manager

Date