



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 24, 2024

Toader Pitu  
30760 River Glen  
Farmington Hills, MI 48336

RE: License #: AF630387550  
**River Glen Home Care LLC**  
**30760 River Glen**  
**Farmington Hills, MI 48336**

Dear Mr. Pitu:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630387550
<b>Licensee Name:</b>	Toader Pitu
<b>Licensee Address:</b>	30760 River Glen Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(248) 910-6164
<b>Licensee/Licensee Designee:</b>	Toader Pitu
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	River Glen Home Care LLC
<b>Facility Address:</b>	30760 River Glen Farmington Hills, MI 48336
<b>Facility Telephone #:</b>	(248) 910-6164
<b>Original Issuance Date:</b>	03/12/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/18/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
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 found to be in non-compliance with the following rules:

<p><b>R 400.1407</b></p>	<p><b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b></p>
	<p><b>(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:</b>  <b>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</b>  <b>(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.</b></p>
<p>Resident A's assessment plan did not include use of wheelchair and hospital bed.</p>	
<p><b>R 400.1418</b></p>	<p><b>Resident medications.</b></p>
	<p><b>(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:</b>  <b>(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.</b></p>
<p>Resident B's medication administration record did not list Ciprofloxacin HCL 500 mg tabs.</p>	
<p><b>R 400.1419</b></p>	<p><b>Resident nutrition.</b></p>
	<p><b>(4) Special diets shall be prescribed only by a physician. A resident who has a special diet prescribed by a physician shall be provided such a diet.</b></p>

Resident B's health care appraisal and discharge instructions indicated that he has a Congestive Heart Failure (CHF) diet. Licensee was unaware of special diet. Follow up with doctor is needed to determine if Resident B is still prescribed CHF diet.	
<b>R 400.1421</b>	<b>Handling of resident funds and valuables.</b>
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.
Resident A's Funds Part 1 form had incorrect accounts listed. Funds Part 1 form indicated that licensee managed checking and savings accounts, however, licensee stated that they only receive adult foster care payment for Resident A.	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Kristine Cilluffo*

09/24/2024

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Date

Licensing Consultant