



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 23, 2024

Cornelia and Alexandru Derecichei  
37860 Hazel Street  
Harrison Township, MI 48045

RE: License #: AF500282023  
**Metroparkway Home**  
**37860 Hazel Street**  
**Harrison Township, MI 48045**

Dear Cornelia and Alexandru 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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

**License #:** AF500282023

**Licensee Name:** Cornelia and Alexandru Derecichei

**Licensee Address:** 37860 Hazel Street  
Harrison Township, MI 48045

**Licensee Telephone #:** (586) 463-6344

**Licensee/Licensee Designee:** N/A

**Administrator:** N/A

**Name of Facility:** Metroparkway Home

**Facility Address:** 37860 Hazel Street  
Harrison Township, MI 48045

**Facility Telephone #:** (586) 463-6344

**Original Issuance Date:** 07/12/2006

**Capacity:** 6

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/23/2024

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

Date of Health Authority Inspection if applicable: 09/30/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- 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.  
There were no incident reports.
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

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

*L. Reed*

12/23/2024

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LaShonda Reed  
Licensing Consultant

Date