



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 9, 2025

Marinela Blindu
9785 Napier Rd
Northville, MI 48167

RE: Application #: AS630418265
My Home Sweet Home
24290 Farmington Rd
Farmington Hills, MI 48336

Dear Ms. Blindu:

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 6 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 "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418265
Licensee Name:	Marinela Blindu
Licensee Address:	9785 Napier Rd Northville, MI 48167
Licensee Telephone #:	(248) 860-1402
Licensee Designee:	Marinela Blindu
Administrator:	Rodica Havrestiuc
Name of Facility:	My Home Sweet Home
Facility Address:	24290 Farmington Rd Farmington Hills, MI 48336
Facility Telephone #:	(248) 860-1402
Application Date:	02/21/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/21/2024	On-Line Enrollment
02/27/2024	PSOR on Address Completed
02/27/2024	Contact - Document Sent Forms sent
03/22/2024	Contact - Document Received AFC 100, 1326/RI030, MCs, Copy of app
05/01/2024	Application Incomplete Letter Sent
01/08/2025	Contact - Document Sent Email sent regarding no documents received.
01/28/2025	Contact - Document Received Received requested documents
01/28/2025	Application Complete/On-site Needed
02/11/2025	Inspection Completed On-site
02/14/2025	Contact - Document Received Requested documents received.
02/27/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

My Home Sweet Home is located at 24290 Farmington Road, Farmington Hills, MI 48336 and is owned by Liviu Blindu. Proof of ownership and permission to inspect the property is contained in the facility file.

My Home Sweet Home is a brick, ranch-styled structure with 2434 square feet of living space. A ramp is available at the front entrance and at the back of the home off the deck to accommodate individuals who require a wheelchair. The home contains a large kitchen, a dining room, a living room with a fireplace, five bedrooms, a laundry room, a finished basement (not for resident use) and a deck with an attached gazebo and ramp.

The washer and dryer are enclosed in a small room located off the kitchen. Bedrooms #1, #3, #4, and #5 each contain half-bathrooms with a full bathroom situated in the hallway between bedrooms #2 and #3.

The bedrooms identified for resident use were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9" x 10'6"	123	1
2	10'8" x 15'5"	164	2
3	9'5" x 12'4"	116	1
4	15'2" x 10'7"	160	1
5			1

Total capacity: 6

The indoor living and dining areas measure a total of 470 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

B. Program Description

The facility is currently licensed as a small group home with a capacity of 6 residents, under the name of Home Sweet Home (AS630401576) with Emma Tirla as the licensee designee. A management agreement was established between Ms. Tirla and Ms. Blindu on March 1, 2024. The management agreement documents that it shall be effective on the date of signing and will end as the time the new license has been issued. A copy of this agreement is contained in the facility file.

Home Sweet Home will offer a program for six (6) adult male and female residents who are aged and/or diagnosed with Alzheimer's disease and who may require the use of a wheelchair. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

The applicant is Marinela Blindu and she will serve as the licensee designee and Rodica Havrestiuc will serve as the administrator for the home. Ms. Blindu has sufficient

financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

A criminal history background checks of Marinela Blindu and Rodica Havrestiuc were completed and determined that they are of good moral character to provide licensed adult foster care. Ms. Blindu and Ms. Havrestiuc submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Blindu and Ms. Havrestiuc provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Blindu has a high school diploma from Romania and has worked as a volunteer direct care worker for River Glen Home Care LLC for one year. She has completed the necessary training and provided training certificates as proof. Ms. Havrestiuc has a nursing assistant certificate and has worked as a volunteer direct care worker for River Glen Home Care LLC for one year. She has also completed the necessary training and provided training certificates as proof.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six residents during the day and afternoon shifts (7 am – 7 pm) and one staff member during the midnight shift (7 pm – 7 am). Ms. Blindu acknowledged that the staff to resident ratio may need to be increased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Blindu has indicated that direct care staff will be awake during sleeping hours.

Ms. Blindu 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.

Ms. Blindu acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Blindu acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Blindu acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will administer medication to residents. In addition, the applicant 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.

Ms. Blindu acknowledged the responsibility to obtain all required good 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, Ms. Blindu

acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Blindu acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Blindu acknowledge the responsibility to obtain the required written assessment, 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Blindu acknowledged the 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.

Ms. Blindu acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the residents personal money transactions that have been agreed to be managed by the applicant.

Ms. Blindu acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Blindu indicated the intent to respect and safeguard these resident rights.

Ms. Blindu acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Blindu acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Blindu acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care home with a capacity of 6.

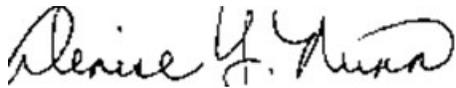


4/7/2025

Cindy Berry
Licensing Consultant

Date

Approved By:



4/9/2025

Denise Y. Nunn
Area Manager

Date