



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 22, 2025

Timotei Pecura  
11469 N Haggerty Rd.  
Plymouth, MI 48170

RE: License #: AS820418173  
**Serene Unity Home Care**  
**11469 N Haggerty Rd.**  
**Plymouth, MI 48170**

Dear Mr. Pecura:

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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads 'Jeffrey J. Bozsik'.

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820418173
<b>Licensee Name:</b>	Timotei Pecura
<b>Licensee Address:</b>	11469 N Haggerty Rd Plymouth, MI 48170
<b>Licensee Telephone #:</b>	(312) 202-2552
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	
<b>Name of Facility:</b>	Serene Unity Home Care
<b>Facility Address:</b>	11469 N Haggerty Rd. Plymouth, MI 48170
<b>Facility Telephone #:</b>	(312) 202-2552
<b>Original Issuance Date:</b>	11/19/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
- 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.
- 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.



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Jeffrey J. Bozsik  
Licensing Consultant

Date: 4/22/2025