



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 23, 2025

Valerica Corina Petrea
Marshbank Manor, LLC
2990 Hiller Road
West Bloomfield, MI 48324

RE: Application #: AS630418964
Marshbank Manor
2990 Hiller Road
West Bloomfield, MI 48324

Dear Valerica Petrea:

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418964
Licensee Name:	Marshbank Manor, LLC
Licensee Address:	2990 Hiller Road West Bloomfield, MI 48324
Licensee Telephone #:	(248) 242-6222
Administrator/Licensee Designee:	Valerica Corina Petrea
Name of Facility:	Marshbank Manor
Facility Address:	2990 Hiller Road West Bloomfield, MI 48324
Facility Telephone #:	(206) 595-0402
Application Date:	11/04/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

11/04/2024	On-Line Enrollment
11/07/2024	PSOR on Address Completed
11/07/2024	Contact - Document Sent Forms sent
12/17/2024	Contact - Document Received RI030
12/17/2024	Contact - Document Sent Sent email to licensee asking for 1326, they sent the AFC-100 instead.
12/19/2024	Contact - Document Received 1326
12/19/2024	File Transferred To Field Office
01/06/2025	Inspection Completed-Env. Health: A
01/08/2025	Application Incomplete Letter Sent Letter emailed to applicant
03/04/2025	Contact - Document Received Sent email to applicant requesting documents from app incomplete letter as there has not been any activity since 01/08/2024.
05/12/2025	Contact - Document Sent Email to applicant requesting required documents on application incomplete letter
06/05/2025	Inspection Completed-BCAL Sub. Compliance
06/05/2025	Application Complete/On-site Needed
06/16/2025	Inspection Completed On-site
06/16/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 11/04/2024, the department received a license application from Valerica Corina Petrea for operation of an Adult Foster Care Group Home at the above referenced address in West Bloomfield, Michigan. This home was originally an Adult Foster Care Family Home where Mrs. Petrea and her family are residing. Mrs. Petrea no longer wants to reside at this address; therefore, she and her family will be moving out once the license is issued for this group home application. Mrs. Petrea continues to seek to operate a program of care and services for up to **six (6)** adults, male or female, ages 65 or older, who are physically handicapped and/or diagnosed with Alzheimer's and who may require use of a wheelchair.

A. Physical Description of Facility

Marshbank Manor is a ranch-style brick home with a walk-out basement. The home is in the Township of West Bloomfield. The front entry is through a foyer that separates the home to two sides, one leading to three bedrooms and a full bathroom and the other leading to two bedrooms and a full bathroom. A spacious living room and kitchen with a dining area located at the back of the house with the living room more directly accessible from one side of the home and the kitchen/dining area more directly accessible from the other side. A laundry room and additional storage are located on the first floor but are separated by a door that also separates the stairwell to the full basement that has an egress leading directly to the outside. The live-in staff Adina Petrea and her husband Jason Bud use the basement as their separate living quarters. The residents will not have access to the basement. The home **is** wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor.

Marshbank Manor does not have both water and sewage services through the Township of West Bloomfield. Only sewage services are provided by the township since the home has a private well. On 01/06/2025, a sanitarian from Oakland County Environmental Health Division conducted an inspection of the well to confirm it's safety. Mrs. Petrea plans to continue to have the water inspected annually.

The gas furnace and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Emergency response services for Marshbank Manor are available through the Township of West Bloomfield. Medical services are available through local hospitals that include Henry Ford West Bloomfield and Huron Valley. This group home will **NOT** provide transportation.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'11" x 11'11"	142	2
2	14'6" x 11'3"	163	1
3	11'2" x 8'6"	94	1
4	8'4" x 11'2"	93	1
5	10'5" x 10'7"	110	1

Total capacity: 6

The living, dining, and sitting room areas measure a total of **1,006** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is physically handicapped and/or Alzheimer's disease. In addition to basic room and board, Marshbank Manor will provide 24-hour supervision, administration of medications, and assistance with personal care that is consistent with each individual resident's written assessment plan. The applicant intends to accept residents from private pay individuals only.

The facility will make provision for a variety of leisure and recreational equipment. Included in its fee for care, Marshbank Manor has a recreational specialist coming to the home on a weekly basis to do arts and crafts with residents.

C. Applicant and Administrator Qualifications

The applicant is Marshbank Manor, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/08/2013. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Marshbank Manor, L.L.C. have submitted documentation appointing Valerica Corina Petrea as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mrs. Petrea. Mrs. Petrea submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mrs. Petrea provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Petrea has been providing direct care services to this population since 2012 when she opened Marshbank Manor Family Home.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Mrs. Petrea acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff **will** be awake during sleeping hours.

Mrs. Petrea acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mrs. Petrea acknowledges 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.

Mrs. Petrea acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Mrs. Petrea acknowledges 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, 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.

Mrs. Petrea acknowledges their 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, Mrs. Petrea acknowledges their 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.

Mrs. Petrea acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mrs. Petrea acknowledges their 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.

Mrs. Petrea acknowledges their 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.

Mrs. Petrea acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mrs. Petrea acknowledges 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 applicant.

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

Mrs. Petrea acknowledges 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. Mrs. Petrea has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mrs. Petrea acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mrs. Petrea acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Mrs. Petrea was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to Marshbank Manor, a small group home with capacity of six (6).

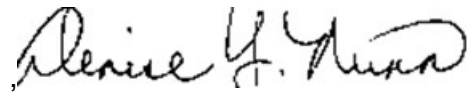


06/17/2025

Frodet Dawisha
Licensing Consultant

Date

Approved By:



06/23/2025

Denise Y. Nunn
Area Manager

Date