



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 3, 2025

Mariana Lozniceriu  
7405 Cornwall St.  
West Bloomfield, MI 48322

RE: Application #: AF630419478  
VICKYS HOME  
7405 CORNWALL ST  
WEST BLOOMFIELD, MI 48322

Dear Mrs. Lozniceriu:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630419478
<b>Licensee Name:</b>	Mariana Lozniceriu
<b>Licensee Address:</b>	7405 CORNWALL ST WEST BLOOMFIELD, MI 48322
<b>Licensee Telephone #:</b>	(734) 352-7756
<b>Licensee Designee:</b>	Mariana Lozniceriu
<b>Name of Facility:</b>	VICKYS HOME
<b>Facility Address:</b>	7405 CORNWALL ST WEST BLOOMFIELD, MI 48322
<b>Facility Telephone #:</b>	(734) 352-7756
<b>Application Date:</b>	04/25/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

04/25/2025	On-Line Enrollment
04/29/2025	PSOR on Address Completed
04/29/2025	Contact - Document Sent Forms sent.
05/15/2025	Contact - Document Received AFC-100, 1326/RI030.
05/15/2025	Comment Licensee filled out AFC-100 and listed themselves as the Responsible Person.
05/15/2025	Contact - Document Sent AFC-100 sent to licensee for responsible person to fill out.
05/15/2025	Comment FP back from Ashley. Waiting on AFC-100 from licensee.
06/12/2025	Contact - Document Received AFC-100
06/12/2025	File Transferred To Field Office
06/20/2025	Application Incomplete Letter Sent
06/21/2025	Contact - Document Received Email exchange with applicant
06/23/2025	Contact - Document Received Email exchange with applicant
07/15/2025	Contact - Document Received Email exchange with applicant; additional documents received
08/15/2025	Inspection Completed On-site
08/15/2025	Application Complete/On-site Needed
08/28/2025	Contact - Document Received Additional physical plant updates completed and confirmation received by applicant
08/28/2025	Inspection Completed-BCAL Full Compliance

09/02/2025	Contact - Document Sent Email exchange with applicant regarding final application items needed/follow-up
09/15/2025	Contact - Telephone call made Phone call with applicant regarding final documents received

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility consists of a ranch-style home located in the city of West Bloomfield, Michigan. The home does not have a basement. The home consists of six resident bedrooms, one full-size bathroom and one half-bathroom. Upon entering the home, the living room is on the right, and the dining room is on the left. Directly past the dining room is the kitchen area. To the right of the living room is a hallway that leads to four resident bedrooms, one full-size bathroom and one half-bathroom. To the left of the dining room is a hallway that leads to two additional resident bedrooms, the garage and the furnace and hot water heater room. The home is wheelchair accessible and has two approved means of egress that are equipped with a ramp from the first floor. The home utilizes public water supply and sewage disposal system.

The furnace and hot water heater are located on the main floor of the home and utilize gas. The furnace and hot water heater room is equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, is fully operational, and have been installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14 x 13	182	1
2	10 x 9	90	1
3	10 x 10	100	1
4	11 x 13	143	1
5	15 x 9	135	1
6	15 x 11	165	1

Total capacity: 6

The indoor living and dining areas measure a total of 325 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six (male and/or female) residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment, and transportation, if applicable. The applicant intends to accept referrals from Oakland County DHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

## **C. Applicant and Responsible Person Qualifications**

Criminal history background checks of Mariana Lozniceriu and responsible person, Viorica Ungur, were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Lozniceriu and Ms. Ungur submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Lozniceriu has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Ms. Lozniceriu acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of Ms. Lozniceriu, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Ms. Lozniceriu acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Ms. Lozniceriu acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Ms. Lozniceriu acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Lozniceriu acknowledged 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Lozniceriu acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Lozniceriu 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. Lozniceriu acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Lozniceriu acknowledged 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. Lozniceriu acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident’s file.

Ms. Lozniceriu acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Lozniceriu acknowledged 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 Ms. Lozniceriu.

Ms. Lozniceriu acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Ms. Lozniceriu indicated intent to respect and safeguard these resident rights.

Ms. Lozniceriu acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written

notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

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

**C. Rules or 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 family home with a capacity of six.



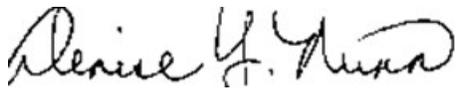
10/3/2025

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



10/03/2025

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Denise Y. Nunn  
Area Manager

Date