



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 18, 2025

Estera Bercea
21500 Normandale St
Beverly Hills, MI 48025

RE: Application #: AF630419861
Beverly Senior Retreat
21500 Normandale St
Beverly Hills, MI 48025

Dear Mrs. Bercea:

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 blue ink that reads "Sheena Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630419861
Applicant Name:	Estera Bercea
Applicant Address:	21500 Normandale St Beverly Hills, MI 48025
Applicant Telephone #:	(602) 369-3290
Administrator/Licensee Designee:	N/A
Name of Facility:	Beverly Senior Retreat
Facility Address:	21500 Normandale St. Beverly Hills, MI 48025
Facility Telephone #:	(602) 369-3290
Application Date:	08/26/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

08/26/2025	Enrollment
08/26/2025	Contact - Document Received 1326/RI030 and AFC-100 x2.
08/26/2025	Comment FP sent to Ashley.
08/27/2025	PSOR on Address Completed
08/27/2025	File Transferred To Field Office
09/10/2025	Application Incomplete Letter Sent A copy of the checklist was sent to the applicant.
10/01/2025	Contact - Document Received I received some of the requested documents.
10/07/2025	Contact - Document Received I received an additional document.
10/29/2025	Application Complete/On-site Needed
10/29/2025	Inspection Completed-BCAL Sub. Compliance
10/30/2025	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
11/04/2025	Contact - Document Received AFC-100 for adding a household member.
12/11/2025	Contact - Face to Face A Facetime meeting was held to confirm the corrections were made to the home.
12/11/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is a single-family ranch style home in Beverly Hills, MI. There are four bedrooms and one full bathroom. In addition, there is a half bathroom in each bedroom. The living area is an open space that includes a large couch, TV and piano. There is a dining table near the kitchen as well as a bar stool sitting area in the kitchen.

The home is wheelchair accessible. The front door is the main exit which is at street level. There is a second exit located in the second half of the sleeping hallway that leads to the garage. This exit has a wheelchair ramp. There is parking available in the driveway. The home has city water and sewage.

The licensee and her family will reside in the bedrooms located near the front entrance of the home. The second part of the home is designed for the residents living quarters. There are two furnaces in the home. One of the furnaces is located in an attic and the second one is in a crawl space. There is a digital water heater located in the laundry room next to the stackable washer and dryer. The furnaces were inspected on 12/11/25 and there were no concerns reported. There are smoke alarms located in each bedroom as well as in the sleeping hallway. There is a fire extinguisher located in the laundry room. There is a locked cabinet in the kitchen for the residents medications.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, mirror, and closet. The resident's bedroom doors and private bathrooms do not have any locks. The full-size bathroom door does not have a lock. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The four resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.25 x 11.17	170.34	2
2	10.42 x 15.25	158.90	1
3	11.08 x 10.17	112.68	1
4	11.5 x 10.83	124.54	2

Total Capacity: 6

The living room and dining area measure a total of 434.62 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the home licensed capacity.

B. Program Description

On 08/27/25, an application was received from Estera Bercea for a license to provide adult foster care services in a family home. Mrs. Bercea is married to Radu Bercea and they have two minor children. Mrs. Bercea mother also lives in the home. Mr. Bercea will be the responsible person. Mr. and Mrs. Bercea intend to provide 24-hour supervision, protection, and personal care for six residents. The population served will consist of physically handicapped, aged, and Alzheimers. The home will accept both male and female ages 18 years old and older. Transportation will not be provided. Mrs. Bercea will ensure the residents personal care needs including activities of daily living will be provided.

C. Applicant and Administrator Qualifications

I received a 2024 1098 mortgage interest statement with Mr. Bercea name listed. An evacuation plan and house guidelines were received and approved.

The licensing record clearance request were completed for Mrs. Bercea with no LEIN convictions recorded. An ICHAT was completed for Mr. Bercea and the grandmother Elena Bacter with no LEIN convictions. Mr. and Mrs. Bercea submitted medical clearances with statements from her physician documenting good health and current TB negative test results. Medical clearances were also received from Mrs. Bercea minor children and Elena Bacter with a statement from their physician documenting their good health and current TB negative test results.

The licensee 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.

The licensee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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.

The licensee acknowledged 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, a resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their responsibility to obtain all required 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, the licensee acknowledged their responsibility to maintain all required documentation in each employee's record or volunteer and follow the retention schedule for those documents contained within each employee's record.

The licensee 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.

The licensee acknowledged their responsibility to obtain the required 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. The licensee also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

The licensee acknowledged 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.

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

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

The licensee acknowledged 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. The licensee designee indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

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

The licensee acknowledged they have a copy of the licensing rule book for AFC family group homes. The licensing consultant provided a copy of the required forms that must be completed for each resident to the licensee.

D. Rule/Statutory Violations

Beverly Senior Retreat was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

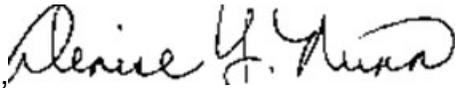
I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).



Sheena Worthy
Licensing Consultant

12/12/25
Date

Approved By:



12/17/2025

Denise Y. Nunn
Area Manager

Date