



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 28, 2026

Lidia Ionita
Love and Care Services, LLC
7610 Fosdick Rd
Saline, MI 48176

RE: License #: AS810401429
Love and Care Services LLC
7610 Fosdick Rd
Saline, MI 48176

Dear Lidia Ionita:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The regular license 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) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #:	AS810401429
Licensee Name:	Love and Care Services, LLC
Licensee Address:	7610 Fosdick Rd Saline, MI 48176
Licensee Telephone #:	(734) 775-9208
Licensee/Licensee Designee:	Lidia Ionita
Administrator:	Lidia Ionita
Name of Facility:	Love and Care Services LLC
Facility Address:	7610 Fosdick Rd Saline, MI 48176
Facility Telephone #:	(734) 775-9208
Original Issuance Date:	02/24/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/28/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 04/30/2026, D rating – replacing sewer system (2026A0122023 – beginning work in 08/2026)

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed Role:

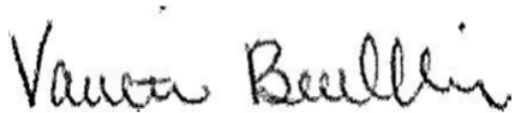
- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Paperwork review renewal only.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. Paperwork review renewal only.
- 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: 07/28/2026, 400.645 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 regular license to this AFC adult small group home (capacity 1-6).



Vanita C. Bouldin
Licensing Consultant

Date: 07/28/2026