



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 9, 2026

Paul Petrascu
D & P Specialized Living, Inc.
22223 N. Brandon
Farmington Hills, MI 48336

RE: License #: AS630315994
D & P Special Needs Center
22223 N. Brandon
Farmington Hills, MI 48336

Dear Mr. Petrascu:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade". The signature is written in black ink and is positioned to the left of the typed contact information.

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630315994
Licensee Name:	D & P Specialized Living, Inc.
Licensee Address:	22223 N. Brandon Farmington Hills, MI 48336
Licensee Telephone #:	(248) 957-8076
Licensee Designee:	Paul Petrascu
Administrator:	Daniela Petrascu
Name of Facility:	D & P Special Needs Center
Facility Address:	22223 N. Brandon Farmington Hills, MI 48336
Facility Telephone #:	(734) 358-8350
Original Issuance Date:	03/13/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/09/2026

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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.
The inspection was not completed during meal time.
- 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 found to be in non-compliance with the following rules:	
R 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.
During the onsite inspection completed on 09/09/26, Resident A's Funds Part II form did not document cost of care payments for May 2026, June 2026, and July 2026. Resident B's Funds Part II form did not document cost of care payments for January 2025, February 2025, March 2025, April 2025, June 2025, July 2025, August 2025, September 2025, November 2025, December 2025, January 2026, February 2026, March 2026, May 2026, June 2026, and July 2026.	
R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (e) Verification of experience, highest level of education completed, and training.
During the onsite inspection completed on 09/09/26, direct care staff Luminita Szado did not have an application onsite and available for review.	
R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.
During the onsite inspection completed on 09/09/26, direct care staff Luminita Szado did not have proof of 2 reference checks onsite and available for review.	
R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

During the onsite inspection completed on 09/09/26, there were no prescriptions on site for the following adaptive equipment: Resident A - wheelchair, geri chair, hospital bed and full bed rails. Resident B – wheelchair and geri chair.	
R 400.691	Resident records.
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (a) Personal information including all of the following: (i) Resident's full name. (ii) Social Security number. (iii) Date of birth. (iv) Marital status. (v) Veteran's status. (vi) Gender identity. (vii) Former address. (viii) Name, address, and contact information of identified contact or designated representative. (ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility. (x) Funeral provisions, preferences, and contact information. (xi) Resident's religious preference.
During the onsite inspection completed on 09/09/26, Resident A and Resident B's AFC Resident Information and Identification Record was missing information/ not completed in entirety.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/09/2026

Johnna Cade
Licensing Consultant

Date