



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 2, 2020

Aeman Kallabat  
Harmony Assisted Living, LLC  
54380 Carrington Drive  
Shelby Township, MI 48316

RE: License #: AS500398269  
**Harmony Assisted Living**  
**2585 Tiverton Drive**  
**Sterling Heights, MI 48310**

Dear Mr. Kallabat:

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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 975-5053.

Sincerely,

A handwritten signature in light blue ink, appearing to be 'EJ'.

Eric Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

<b>License #:</b>	AS500398269
<b>Licensee Name:</b>	Harmony Assisted Living, LLC
<b>Licensee Address:</b>	54380 Carrington Drive Shelby Township, MI 48316
<b>Licensee Telephone #:</b>	(586) 909-5883
<b>Licensee/Licensee Designee:</b>	Aeman Kallabat, Designee
<b>Administrator:</b>	
<b>Name of Facility:</b>	Harmony Assisted Living
<b>Facility Address:</b>	2585 Tiverton Drive Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 275-2644
<b>Original Issuance Date:</b>	04/29/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): (Virtual) 12/02/2020

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 0  
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain. There are no residents in the facility at this time.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain. There are no residents in the facility at this time.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. There are no residents in the facility at this time.
- Meal preparation / service observed? Yes  No  If no, explain. There are no residents in the facility at this time.
- Fire drills reviewed? Yes  No  If no, explain. There are no residents in the facility at this time.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain. There are no residents in the facility at this time.
- Water temperatures checked? Yes  No  If no, explain. There are no residents in the facility at this time.
- Incident report follow-up? Yes  No  If no, explain. There are no residents in the facility at this time.
- 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:

<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.</b>

During the onsite inspection, I observed there were no residents in the facility at this time. The facility is on a temporary license and no residents were admitted during the temporary period.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



12/02/20

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Eric Johnson  
Licensing Consultant

Date