

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 30, 2022

Olga Kourdioukova Balmoral Living LLC 112 E 13 Mile Rd Royal Oak, MI 48073

RE: License #: AS630393547

Balmoral Living

32741 Balmoral Knolls Farmington Hills, MI 48334

Dear Ms. Kourdioukova:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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 (248) 975-5053.

Sincerely,

Kristen Donnay, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100

Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630393547
Licensee Name:	Balmoral Living LLC
Licensee Address:	112 E 13 Mile Rd
	Royal Oak, MI 48073
	(2.12) 2.12
Licensee Telephone #:	(248) 217-4473
Licenses Decimans	Olgo Kourdioukovo
Licensee Designee:	Olga Kourdioukova
Administrator:	Kristina Kurlyandchik
, tallimoratori	Tariotaria rearry arraorian
Name of Facility:	Balmoral Living
•	
Facility Address:	32741 Balmoral Knolls
	Farmington Hills, MI 48334
	(0.10) =00.00=
Facility Telephone #:	(248) 702-6097
Original Issuance Date:	03/12/2019
Original issuance bate.	03/12/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED
	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 03/30/2022		
Date	e of Bureau of Fire Services Inspection if applicable: N/A		
Date	e of Health Authority Inspection if applicable: N/A		
Insp	ection Type:		
No. of staff interviewed and/or observed 1 No. of residents interviewed and/or observed 2 No. of others interviewed 2 Role: Lic. Designee/Admin.			
•	Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. Inspection did not occur during meal time Fire drills reviewed? Yes \boxtimes No \square 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

03/30/2022

Kristen Donnay Licensing Consultant

Kisten Domay

Date