



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 10, 2025

Leah Ann Beltran  
Love & Harmony Senior Living LLC  
32163 Linderman Ave.  
Warren, MI 48093

RE: License #: AS500411952  
**Love & Harmony Senior Living LLC**  
**3611 Alderdale Drive**  
**Sterling Heights, MI 48310**

Dear Ms. Beltran:

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 or home for the aged authorized representative and a date.

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) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500411952
<b>Licensee Name:</b>	Love & Harmony Senior Living LLC
<b>Licensee Address:</b>	32163 Linderman Ave. Warren, MI 48093
<b>Licensee Telephone #:</b>	(586) 393-9578
<b>Licensee/Licensee Designee:</b>	Leah Ann Beltran
<b>Administrator:</b>	Lean Ann Beltran
<b>Name of Facility:</b>	Love & Harmony Senior Living LLC
<b>Facility Address:</b>	3611 Alderdale Drive Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(585) 393-9578
<b>Original Issuance Date:</b>	10/12/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/09/2025

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: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medications with licensee.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
AS204(3), AS205(3), AS301(6), AS306(3), AS401(2), AS403(1) 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:

<p><b>R 400.14205</b></p>	<p><b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b></p>
	<p><b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b></p>
<p>Staff, Karl Sazon, did not have verification of TB test in employee file.</p>	
<p><b>R 400.14301</b></p>	<p><b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b></p>
	<p><b>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b></p>

Resident A and Resident B did not have updated health care appraisals. Resident A's health care appraisal was dated 02/20/2024. Resident B's health care appraisal was dated 11/29/2023.	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
Resident A and Resident B did not have an updated resident care agreements. Resident A's resident care agreement was dated 02/20/2024. Resident B's resident care agreement was dated 01/12/2024.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
Resident A did not have use of hospital bed and bed rails listed in assessment plan. Resident B did not have use of hospital bed and bed rails listed in assessment plan.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> <li>• Chipping paint on ramp in front of home</li> <li>• Chipping paint on back patio</li> <li>• Vent fan in Bathroom #1 needs cleaning</li> <li>• Items need to be removed behind dryer and dust/lint cleaned</li> </ul> <p>REPEAT VIOLATION ESTABLISHED Reference LSR dated 04/10/2023, CAP dated 04/24/2023</p>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the onsite inspection, I observed that the water was not draining properly in Bathroom #2 and sink was making loud noise when running fully.

<b>R.400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
A sleep time drill was not completed for the 2 <sup>nd</sup> quarter of 2024. Evening drills were not completed for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter of 2024. A daytime drill was not completed for the 1 <sup>st</sup> quarter of 2025.	

**IV. RECOMMENDATION**

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



04/10/2025

Kristine Cilluffo  
Licensing Consultant

Date