



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2021

Manda Ayoub
Pomeroy Living Sterling Assisted
2200 15 Mile Road
Sterling Heights, MI 48310

RE: License #: AH500317073
Pomeroy Living Sterling Assisted
2200 15 Mile Road
Sterling Heights, MI 48310

Dear Ms. Ayoub:

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 (6/25/21 through 6/26/22). It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-----------------------------------|---|
| License #: | AH500317073 |
| Licensee Name: | Pomkal Sterling Assisted LLC |
| Licensee Address: | Suite 100 25480 Telegraph Rd Southfield, MI 48033 |
| Licensee Telephone #: | (248) 356-4060 |
| Authorized Representative: | Manda Ayoub |
| Administrator: | Mary Zolno |
| Name of Facility: | Pomeroy Living Sterling Assisted |
| Facility Address: | 2200 15 Mile Road Sterling Heights, MI 48310 |
| Facility Telephone #: | (586) 554-7200 |
| Original Issuance Date: | 02/27/2014 |
| Capacity: | 74 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/25/21

Date of Bureau of Fire Services Inspection if applicable: 3/1/21, 2/1/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/01/2021

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 32

No. of others interviewed 1 Role Resident family member

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No funds held for residents
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

6/30/2021

Licensing Consultant Date