



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 14, 2024

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 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 black ink, appearing to be 'EJ', is positioned above the typed name.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AS500398269
Licensee Name:	Harmony Assisted Living, LLC
Licensee Address:	54380 Carrington Drive Shelby Township, MI 48316
Licensee Telephone #:	(586) 909-5883
Licensee/Licensee Designee:	Aeman Kallabat, Designee
Administrator:	John Abbo, Administrator
Name of Facility:	Harmony Assisted Living
Facility Address:	2585 Tiverton Drive Sterling Heights, MI 48310
Facility Telephone #:	(586) 979-7433
Original Issuance Date:	04/29/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/06/2024

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed N/A Role: [REDACTED]

- 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.
- 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.
None needed
- 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 400.14201	Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.
	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

During the onsite inspection on 02/06/24, I observed staff Chantiara Williams and Lou Osobka files did not contain a Michigan Workforce Background Check eligibility letter.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

During the onsite inspection on 02/06/24, I observed staff Chantiara Williams and Lou Osobka files did not contain annual health reviews for 2022 and 2023.

R 400.14207	Required personnel policies.
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

During the onsite inspection on 02/06/24, I observed staff Chantiara Williams file did not contain Verification of receipt of a job description.

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.

During the onsite inspection on 02/06/24, I observed staff Chantiara Williams file did not contain Verification of reference checks.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection on 02/06/24, I observed that the facility did not have written instructions to discontinue Resident A's medication Divalproex tab 125MG.

During the onsite inspection on 02/06/24, I observed Resident A's medication Acetamin Tab 500MG was not given on the following dates and times:

- 1/9/24- 2pm and 6pm
- 1/10/24- 10am, 2pm and 6pm
- 1/11/24- 10am, 2pm and 6pm
- 1/12/24- 6pm

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection on 02/06/24, I observed that Resident A's medication log was not initialed by staff on the following dates:

- Donepezil Tab 10MG- 1/10/24
- Fexofenadine Tab 180MG- 1/10/24
- Memantine Tab HCL 10MG- 1/10/24
- Trazodone Tab 50MG- 1/10/24

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(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.

During the onsite inspection on 02/06/24, I observed the facility fire drills that were completed in 2022 and 2023 did not have dates or times when the drills were performed.

IV. RECOMMENDATION

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



02/14/2024

Eric Johnson
Licensing Consultant

Date