

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 22, 2025

Riwan Askar 51125 Forster Ln Shelby Township, MI 48316

RE: License #: AS500418716

Happy Home Center 51125 Forster Ln Shelby Township, MI 48316

Dear Mr. Askar:

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.

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.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 972-9136.

Sincerely,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

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

| License #: | AS500418716 | |
|-----------------------------|--|--|
| | | |
| Licensee Name: | Riwan Askar | |
| | | |
| Licensee Address: | 51125 Forster Ln | |
| | Shelby Township, MI 48316 | |
| | | |
| Licensee Telephone #: | (248) 818-2679 | |
| Licenses/Licenses Decimars | Division Askers | |
| Licensee/Licensee Designee: | Riwan Askar | |
| Administrator: | Riwan Askar | |
| Administrator. | Niwaii Askai | |
| Name of Facility: | Happy Home Center | |
| • | | |
| Facility Address: | 51125 Forster Ln | |
| | Shelby Township, MI 48316 | |
| | | |
| Facility Telephone #: | (248) 818-2679 | |
| | 00/04/0005 | |
| Original Issuance Date: | 02/24/2025 | |
| Canacity | 4 | |
| Capacity: | 4 | |
| Program Type: | DEVELOPMENTALLY DISABLED | |
| i rogiam i jpo. | | |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL | |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): | 08/14/2025 |
|---|-----------------------------------|
| Date of Bureau of Fire Services Inspection if appl | licable: N/A |
| Date of Health Authority Inspection if applicable: | N/A |
| No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 1 Role: License | 1 0 e |
| Medication pass / simulated pass observed? There are no residents in care. Medication(s) and medication record(s) revie There are no resdients in care. Resident funds and associated documents re- | ewed? Yes No If no, explain. |
| Yes No If no, explain. There are no remark Meal preparation / service observed? Yes There are no residents in care. Fire drills reviewed? Yes No If no, explain No If no If no, explain No If n | ☑ No ☑ If no, explain. xplain. |
| E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ∑ No [| nly) Yes ☐ No ☐ N/A ⊠ |
| Incident report follow-up? Yes ☐ No ☒ If There are no residents in care. Corrective action plan compliance verified? N/A ☒ | Yes CAP date/s and rule/s: |
| Number of excluded employees followed-up' Variances? Yes ☐ (please explain) No ☒ | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

| MCL 400.713 | License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined. |
|-------------|--|
| | (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following: (b) The applicant's compliance with this act and rules promulgated under this act. |

On 08/14/2025, I completed an onsite renewal inspection. There were no residents in care at the time the renewal inspection was conducted. The licensee has not admitted any residents into the home since the issuance of the temporary license. Therefore, compliance regarding quality of care cannot be determined at this time.

| R 400.14407 | Bathrooms. |
|-------------|--|
| | (3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors. |

During the onsite inspection, I observed that Bathroom #1 and Bathroom #2 did not have non-locking against egress hardware on doors.

| R 400.14408 | Bedrooms generally. |
|-------------|--|
| | (4) Interior doorways of bedrooms that are occupied by |
| | residents shall be equipped with a side-hinged, |
| | permanently mounted door that is equipped with positive- |
| | latching, non-locking-against-egress hardware. |

During the onsite inspection, I observed that Bedroom #1, Bedroom #2 and Bedroom #3 did not have non-locking egress hardware on doors.

IV. RECOMMENDATION

Area Manager

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

| Kristine Cillufo | 08/14/2025 |
|---|------------|
| Kristine Cilluffo Licensing Consultant | Date |
| Approved by: | |
| Denice G. Huma | 08/22/2025 |
| Denise Y. Nunn | Date |