



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 28, 2026

Janan Kallabat
Chamberlain House, Inc.
121 Chamberlain
Pontiac, MI 48342

RE: License #: AS630408684
Chamberlain House 2
7394 OAK TREE DR
WEST BLOOMFIELD, MI 48322

Dear Janan Kallabat:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630408684
Licensee Name:	Chamberlain House, Inc.
Licensee Address:	121 Chamberlain Pontiac, MI 48342
Licensee Telephone #:	(248) 335-1370
Licensee/Licensee Designee:	Janan Kallabat, Designee
Administrator:	
Name of Facility:	Chamberlain House 2
Facility Address:	7394 OAK TREE DR WEST BLOOMFIELD, MI 48322
Facility Telephone #:	(248) 335-1370
Original Issuance Date:	08/12/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2026

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 0

No. of others interviewed 1 Role: licensee designee

- 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.
did not occur during inspection
- 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:
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 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the on-site inspection on 01/28/2026, bedroom #1 had broken window blinds.

REPEAT VIOLATION ESTABLISHED: LSR dated 02/09/2022; CAP dated 02/09/2022

R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

During the on-site inspection on 01/28/2026, bedroom #1 had a large hole on the wall near the closet.

REPEAT VIOLATION ESTABLISHED: LSR dated 01/25/2024; CAP dated 01/25/2024

R 400.729	Heating equipment.
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.

During the on-site inspection on 01/28/2026, the dryer did not have metal duct work.

A corrective action plan was requested and approved on 01/28/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to re-evaluate the status of your license and special certification.	
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IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



01/28/2026

Frodet Dawisha
Licensing Consultant

Date