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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 13, 2020

Joy Mbelu Blessed Manor LLC 5517 Starflower Dr. Haslett, MI 48840

RE: License #: AS330272015

Blessed Manor LLC 716 Wisconsin Ave. Lansing, MI 48915

Dear Ms. Mbelu:

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 (517) 284-9730.

Sincerely,

Sawa M. Campbell

Dawn Campbell, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 284-9724

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

#### I. IDENTIFYING INFORMATION

License Number #: AS330272015

Licensee Name: Blessed Manor LLC

**Licensee Address:** 5517 Starflower Dr.

Haslett, MI 48840

**Licensee Telephone #:** (517) 402-3952

**Licensee/Licensee Designee:** Joy Mbelu

Administrator: Joy Mbelu

Name of Facility: Blessed Manor LLC

**Facility Address:** 716 Wisconsin Ave.

Lansing, MI 48915

**Facility Telephone #:** (517) 267-0976

Original Issuance Date: 01/07/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		01/10/2020	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: N/A			
Inspection Type: ☐ Interview and Obs		servation	<ul><li>☐ Worksheet</li><li>☐ Full Fire Safety</li></ul>
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  0 Role:			1 2
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 No 🗌 If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes $\square$ No $\boxtimes$ If no, explain. Licensee does not keep resident funds. Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain. Inspecition was not conducted at meal time. Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes  No N/A N/A If no, explain.  Water temperatures checked? Yes No If no, explain.		
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expla	in.
•	Corrective action plan compliance verified? Renewal Inspection dated 01/18/2018Rule N/A  Number of excluded employees followed-up?	506 (2) (	
•	Variances? Yes ☐ (please explain) No ☐		

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### R 400.14203 Licensee and administrator training requirements.

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The Licensee Designee Joy Mbelu did not complete 16 hours of training for the calendar year of 2019.

#### 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.

(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.

Direct care staff Lakeshia Washington does not have current TB testing on file.

#### 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.

The Licensee Designee Joy Mbelu and direct care staff Lakeshia Washington do not have annual health reviews on file.

#### IV. RECOMMENDATION

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

Saux M. Campbell 01/13/2020

Dawn Campbell Licensing Consultant

Date