



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 20, 2023

Mekdes Zewde  
5909 Buttonwood Drive  
Haslett, MI 48840

RE: License #: AS330404048  
**Big Hearts AFC**  
**540 N. Hagadorn Road**  
**East Lansing, MI 48823**

Dear Mekdes Zewde:

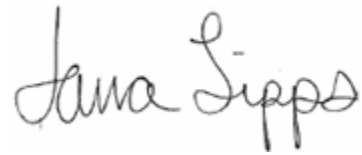
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330404048

**Licensee Name:** Mekdes Zewde

**Licensee Address:** 5909 Buttonwood Drive  
Haslett, MI 48840

**Licensee Telephone #:** (517) 505-9422

**Licensee/Licensee Designee:** N/A

**Administrator:** Mekdes Zewde

**Name of Facility:** Big Hearts AFC

**Facility Address:** 540 N. Hagadorn Road  
East Lansing, MI 48823

**Facility Telephone #:** (517) 402-9342

**Original Issuance Date:** 02/05/2021

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/16/2023

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 4

No. of others interviewed 1 Role: Licensee/Administrator

- 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. The licensee does not manage funds for any of the current residents.
- Meal preparation / service observed? Yes  No  If no, explain. Inspection occurred after the noon meal.
- 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. The licensee did not have completed E-scores to view at the time of this inspection.
- 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 330.1803 Facility environment; fire safety.**

**(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.**

During on-site inspection, licensee, Mekdes Zewde, was not able to produce documentation of conducted fire drills for the current renewal period.

**R 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

During on-site inspection Ms. Zewde, did not have documentation of completed E-Scores for the current residents of the facility.

**R 400.14204            Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

During on-site inspection employee files were reviewed for Ms. Zewde, and direct care staff, Tadele Wami. Neither of the files contained documentation of current cardiopulmonary resuscitation training.

**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.

Employee files reviewed for Ms. Zewde and Mr. Wami did not contain documentation of an annual health review for either individual.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's resident record was reviewed during the on-site inspection. Resident A's record was missing a completed *Health Care Appraisal* document.

**R 400.14313      Resident nutrition.**

(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

Resident B's resident record was reviewed during the on-site inspection. Resident B's *Health Care Appraisal* (HCA) document noted Resident B to be on a "gluten free" diet. Ms. Zewde and Mr. Wami were not aware of this documentation on the HCA and noted this diet has not been followed. There was no further documentation provided to indicate that this diet had been discontinued.

**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 on-site inspection Ms. Zewde, was not able to produce documentation of conducted fire drills for the current renewal period.

**R 400.14401      Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During on-site inspection the water temperature was checked at one of the resident bathrooms and at the kitchen sink. The water temperature was 129.2 degrees Fahrenheit during this inspection.

**R 400.14403      Maintenance of premises.**

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During on-site inspection, the flooring in Resident A's bedroom, near the sliding glass door, was torn and in disrepair. This flooring is in need of repair.

**R 400.14403      Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

During on-site inspection, Resident A's bedroom was assessed to have two exit doors which both lead to a set of stairs that enter the backyard. Neither of these staircases were equipped with handrails on the open sides.

**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, nonlocking-against-egress hardware.

Resident A & B's bedrooms were assessed to have a door that was not equipped with positive-latching nonlocking-against-egress hardware.

**R 400.14507      Means of egress generally.**

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The front door of the facility was not equipped with positive-latching, non-locking-against-egress hardware. This door was found to have a deadbolt lock as well.

**R 400.14509      Means of egress; wheelchairs.**

(2) The slope of ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.



During on-site inspection, the wheelchair ramp located off the kitchen door of the facility leads to a small concrete slab and there is not adequate distance for a resident to move a safe distance from the facility in the event of an emergency. The concrete slab is surrounded by grass and is not easily traversed by wheelchair.

#### IV. RECOMMENDATION

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



06/20/23

Jana Lipps  
Licensing Consultant

Date