



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 4, 2026

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

RE: License #: AS330273896  
**Blessed Home**  
**2300 Artisan Dr.**  
**Lansing, MI 48910**

Dear Ms. Mbelu:

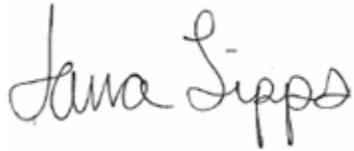
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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) 335-5985.

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330273896

**Licensee Name:** Blessed Manor LLC

**Licensee Address:** 5517 Starflower Dr.  
Haslett, MI 48840

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

**Licensee/Licensee Designee:** Joy Mbelu, Designee

**Administrator:** Joy Mbelu

**Name of Facility:** Blessed Home

**Facility Address:** 2300 Artisan Dr.  
Lansing, MI 48910

**Facility Telephone #:** (517) 887-1072

**Original Issuance Date:** 04/06/2005

**Capacity:** 5

**Program Type:** MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/04/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Licensee designee/Admin.

- 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.  
The inspection took place 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.
- 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 400.631                      Health screenings.**

**(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.**

During the on-site inspection I reviewed the employee files for Mazi Mbonu and Archie Kelley III. Neither of these files contained documentation of completed annual health reviews.

**R 400.645                      Environmental health.**

**(5) Garbage and rubbish that contains food waste must be maintained in leakproof, nonabsorbent containers. Containers must be covered with tight-fitting lids and removed from the facility daily and from the premises at least weekly.**

During the on-site inspection I observed the trashcan in the kitchen, used for food waste, was not equipped with a lid.

**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.**

I observed the gutters located along the roofline in front of the home, had fallen and were hanging from the home. Licensee designee, Joy Mbelu, reported that this was knocked loose during a windstorm in December 2025 and she is awaiting approval from the homeowner's insurance to authorize payment for repairs.

During the on-site inspection I observed that the light switch in Resident A's bedroom was not functioning properly. The switch felt loose and requires maintenance.

**R 400.647                      Safety and maintenance of premises.**

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

Throughout the facility it was observed that vent covers for cold air returns in resident bedrooms and common areas needed cleaning. These vents were covered with dust and dirt.

**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 I observed the flooring in the dining room to be in disrepair. There were pieces of the flooring that were missing and gaps between the floorboards where the flooring had loosened. This flooring will need to be repaired/replaced.

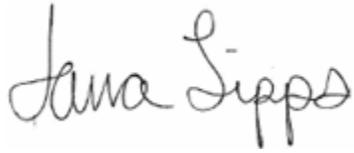
**R 400.657                      Bedrooms.**

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

During the on-site inspection I observed Resident A's bedroom door was not equipped with positive latching, non-locking against egress hardware.

#### IV. RECOMMENDATION

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

A handwritten signature in cursive script that reads "Jana Lipps".

2/4/26

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Jana Lipps  
Licensing Consultant

Date