

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 12, 2023

Ketema Beshah & Asnakech Mengistu 5875 Green Rd Haslett, MI 48840

RE: License #: AS330413152

**AZMED AFC** 

1950 North Waverly Rd. Lansing, MI 48906

Dear Ketema Beshah & Asnakech Mengistu:

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,

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 #:** AS330413152

Licensee Name: Ketema Beshah & Asnakech Mengistu

**Licensee Address:** 5875 Green Rd

Haslett, MI 48840

**Licensee Telephone #:** (517) 993-6192

Licensee Designee: N/A

Administrator: Ketema Beshah

Name of Facility: AZMED AFC

**Facility Address:** 1950 North Waverly Rd.

Lansing, MI 48906

**Facility Telephone #:** (517) 515-3060

Original Issuance Date: 12/20/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

**MENTALLY ILL** 

**AGED** 

## II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	06/12/2	2023
Date	e of Bureau of Fire Services Inspection if app	licable:	N/A
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: licensee	es	2
•	Medication pass / simulated pass observed?	Yes ∑	☑ No ☐ If no, explain.
•	Medication(s) and medication record(s) review	ewed? `	Yes ⊠ No □ If no, explain
•	Resident funds and associated documents reviewed? No \( \subseteq \) If no, explain. The licensees the current resident.  Meal preparation / service observed? Yes \( \subseteq \) The resident was on an outing at the time of Fire drills reviewed? Yes \( \subseteq \) No \( \subseteq \) If no, explains the time of the properties of the current of the c	are not ☐ No ☑ the insp	currently holding funds for  If no, explain.
•	Fire safety equipment and practices observe	ed? Yes	S ⊠ No ☐ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. The licensees have one reside the facility for more than 30 days.  Water temperatures checked? Yes No	ent and	this resident has not been at
•	Incident report follow-up? Yes \( \subseteq \text{No } \subseteq \text{If} \) No current incident reports. The licensees had on 5/30/23.		
•	Corrective action plan compliance verified?  N/A	Yes 🗌	CAP date/s and rule/s:
•	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 400.14301

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

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

The *Resident Care Agreement* form reviewed in Resident A's resident record was not reviewed with Guardian A1 as indicated by a signature on the form. The licensees reported that they have not yet received a signature or conversed with Guardian A1 regarding the *Resident Care Agreement*.

## IV. RECOMMENDATION

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

06/12/2023

Jana Lipps

Licensing Consultant

Date