



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 15, 2023

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

RE: License #: AS330272015
Investigation #: 2023A0466053
Blessed Manor LLC

Dear Ms. Mbelu:

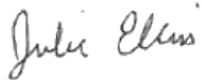
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS330272015
Investigation #:	2023A0466053
Complaint Receipt Date:	07/26/2023
Investigation Initiation Date:	07/31/2023
Report Due Date:	09/24/2023
Licensee Name:	Blessed Manor LLC
Licensee Address:	5517 Starflower Dr. Haslett, MI 48840
Licensee Telephone #:	(517) 887-1072
Administrator:	Joy Mbelu
Licensee Designee:	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
License Status:	REGULAR
Effective Date:	06/27/2022
Expiration Date:	06/26/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION:

	Violation Established?
The facility does not supply Resident A with toiletries.	No
Additional Findings	Yes

III. METHODOLOGY

07/26/2023	Special Investigation Intake- 2023A0466053.
07/26/2023	APS Referral- denied.
07/27/2023	Contact - Telephone call made to Complainant.
07/31/2023	Special Investigation Initiated – Telephone Complainant interviewed.
08/01/2023	Inspection Completed On-site.
09/11/2023	Contact - Telephone call made to APS Amanda Ferguson, message left.
09/11/2023	Contact - Telephone call made to licensee designee Joy Mbelu, interviewed.
09/11/2023	Exit conference with Joy Mbelu.
09/12/2023	Contact - Telephone received, APS Amanda Ferguson interviewed.

ALLEGATION: The facility does not supply Resident A with toiletries.

INVESTIGATION:

On 07/26/2023, Complainant reported that Resident A is 70 years, diagnosed with schizophrenia and hypertension. Complainant reported Resident A resides in a group home and it is unknown if he has a guardian or power of attorney (P.O.A.). Complainant reported Resident A contacted family members for money because he does not have money to cover his cigarettes and toiletries. Complainant reported that it is believed the facility does not supply Resident A with toiletries.

On 08/01/2023, I conducted an unannounced investigation and I interviewed Resident A and Resident B who reported toiletries such as soap, shampoo and toilet paper are supplied by the licensee. Resident A reported he is not lacking any

personal hygiene products. Resident A reported he likes living at this facility and that he does occasionally ask his family for money. Resident A reported that he does not work but that he does go into the community independently.

I interviewed DCW Mazi Mbelu who reported the licensee supplies residents with basic toiletries such as soap, shampoo and toilet paper.

I reviewed Resident A's record which contained an *Adult Foster Care (AFC) Resident Care Agreement* dated 4/22/2023 which documented that the basic fee included "household cleaning, laundry, medication management, meal preparation." This document was signed by adult protective services (APS) worker Angela Ferguson on 6/14/2023. I reviewed Resident A's *Assessment Plan for AFC Residents* which documented that Resident A takes baths independently and that he does not require assistance with activities of daily living. Resident A's *Assessment Plan for AFC Residents* was dated 04/22/2023 and signed by APS Ferguson on 6/14/2023.

On 08/01/2023, I walked through the facility and I observed the facility to have soap, shampoo, and toilet paper at the time of the unannounced investigation.

On 09/11/2023, I interviewed licensee designee Joy Mbelu who reported the licensee provides basic soap, shampoo and toilet paper in the facility for resident use.

On 09/12/2023, I interviewed APS worker Amanda Ferguson who reported that she last saw Resident A in June 2023 and he reported that he had personal hygiene supplies. APS worker Ferguson reported she did not have any concerns when she was last at the facility and that Resident A did not report any concerns to her.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following: (a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

	<p>(b) A description of services to be provided and the fee for the service.</p> <p>(c) A description of additional costs in addition to the basic fee that is charged.</p> <p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p> <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
ANALYSIS:	Complainant reported the licensee is not supplying Resident A with toiletries however Resident A, Resident B, DCW Mbelu and licensee designee Joy Mbelu all reported basic soap, shampoo and toilet paper are provided. Additionally, when I conducted the unannounced investigation I observed soap, shampoo and toilet paper in the facility available for resident use.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 08/01/2023 I observed that Resident A's room leads to a second story enclosed four season room. At the time of the unannounced investigation, I observed that not all of the windows had screens on them.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.
ANALYSIS:	At the time of the unannounced investigation not all the windows on the second floor four season room had screens on them for ventilation and to keep insects out.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 08/01/2023 I observed that Resident A's room leads to a second story enclosed four season room which at time of the unannounced investigation I observed multiple broken windows with broken glass on the floor. On both the second floor four season room and the first floor porch I observed cigarettes, cigarette butts and an empty coffee can with cigarette butts in it. Resident A admitted he smokes in the enclosed four-season room connected to his bedroom year-round. Resident A also admitted that the room does get hot/cold based on the weather. When I arrived for the unannounced investigation I observed direct care worker (DCW) Jim Warner smoking on the first floor porch.

While in Resident A's bedroom, the door that leads out to the second story enclosed four season room I observed a closed/locked pad lock. Resident A reported that the pad lock has never been used and that he does not have a key for it. I observed that the pad lock cannot be connected to anything and therefore is useless for locking someone in/out.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	<p>Resident A's room leads to a second story enclosed four season room that at the time of the unannounced investigation had broken windows with broken glass on the floor which does not provide an adequate and safe home for residents.</p> <p>Resident A admitted to smoking in the enclosed four-season room that is connected to his bedroom. Resident A has been using the enclosed balcony as a designated smoking area even though it is not outside nor is it 25 feet from the facility as required by the public health code. On both the second-floor enclosed four-season room and on the first-floor porch residents are not disposing of cigarette butts in noncombustible containers. Residents shall be provided noncombustible containers and required to use them in all areas where smoking is permitted. Permitted smoking areas shall be labeled.</p> <p>Based on the information above the home was not constructed adequately for the health safety, and well-being of the residents and therefore, a violation has been established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

At the time of the unannounced investigation, there were cable wires that were being shared in multiple bedrooms and these wires were exposed both at the top of the doorway/ceiling and some of the cords were being run along the floor creating an unsafe condition.

APPLICABLE RULE	
R 400.2246	Electrical service.
	Electrical service shall be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service shall be inspected by a qualified inspection service and a copy of the inspection report shall be submitted to the department.
ANALYSIS:	The cable wires that are exposed both at the top of the doorway/ceiling and some of the cords/wires were run along the floor and need to be maintained in a safe condition by not being exposed.
CONCLUSION:	VIOLATION ESTABLISHED

On 09/11/2023, I conducted an exit conference with licensee designee Joy Mbelu who understood the findings of the investigation and agreed to make the needed corrections.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in license status.

Julie Elkins

09/11/2023

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

09/15/2023

Dawn N. Timm
Area Manager

Date