



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 7, 2024

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 your 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) 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 #:** 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): 02/07/2024

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

- 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.  
Inspection occurred between meal times.
- 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 400.14203            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.**

Licensee designee, Joy Mbelu, was not able to provide documentation of 16 hours of annual training completed for the current renewal period.

**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.**

Ms. Mbelu and direct care staff, Mazi Mbonu's, employee files were reviewed and neither file contained a current cardiopulmonary resuscitation certification.

**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.**

**(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.**

Ms. Mbelu did not have current documentation to demonstrate that she had been tested for tuberculosis within the past three years.

**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.

During on-site inspection, I reviewed Mr. Mbonu's employee file. This file did not contain documentation of annual health reviews being completed for Mr. Mbonu.

**R 400.14403 Maintenance of premises.**

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

During on-site inspection I observed the home to be tidy and orderly, but there were several areas, such as the kitchen and bathroom, where there was built up dust debris, grease, and/or other soiled surfaces.

**R 400.14407 Bathrooms.**

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The vent in the bathroom on the main level, where residents shower, was not operational during the on-site inspection. This bathroom is not equipped with a window; therefore the vent must be operational.

**R 400.14410 Bedroom furnishings.**

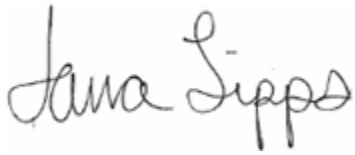
(1) The bedroom furnishings in each bedroom shall include all of the following:

(b) Lighting that is sufficient for reading and other resident activities.

During the on-site inspection I observed one resident bedroom to not have a functional source of lighting. The overhead light did not work and the lamp in the bedroom was also not functioning correctly.

#### IV. RECOMMENDATION

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



02/07/24

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Jana Lipps  
Licensing Consultant

Date