



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 26, 2024

Anna Masambaji
PO Box 26243
Lansing, MI 48909

RE: License #: AS330307294
Kekelis AFC Home II
2940 Quincy Ln.
Lansing, MI 48910

Dear Ms. Masambaji:

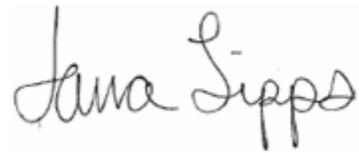
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
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 #: AS330307294

Licensee Name: Anna Masambaji

Licensee Address: 2109 Walmar Estate Drive
Lansing, MI 48917

Licensee Telephone #: (517) 980-1925

Licensee/Licensee Designee: N/A

Administrator: Anna Masambaji

Name of Facility: Kekelis AFC Home II

Facility Address: 2940 Quincy Ln.
Lansing, MI 48910

Facility Telephone #: (517) 993-6776

Original Issuance Date: 04/24/2012

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/25/2024

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 6

No. of others interviewed 1 Role: Licensee

- 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 400.14105 Licensed capacity.

(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.

During the on-site inspection I observed that there are six residents residing in this facility. I reviewed the Original Licensing Study Report for this facility and noted the facility was only licensed for a maximum of five residents. In this original report I noted that the five resident beds were licensed on the second floor of the home. During my inspection I observed a resident residing in an unlicensed bedroom on the first floor of the facility. Licensee, Anna Masambaji, reported that these six residents had been displaced from their previous adult foster care facility due to a fire. She reported that her license indicates that she is licensed for six residents. I did review the adult foster care licensing computer system and determined that the incorrect number was listed for the number of licensed resident beds. I confirmed that an addendum to the original licensing study report had not been filed to increase the licensed capacity to six residents. As a result, the facility is overcapacity and will need to remedy this violation.

IV. RECOMMENDATION

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



9/26/24

Jana Lipps
Licensing Consultant

Date