



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 5, 2025

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 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 dark ink on a light 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**

<b>License #:</b>	AS330413152
<b>Licensee Name:</b>	Ketema Beshah & Asnakech Mengistu
<b>Licensee Address:</b>	5875 Green Rd Haslett, MI 48840
<b>Licensee Telephone #:</b>	(517) 993-6192
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Katema Beshah
<b>Name of Facility:</b>	AZMED AFC
<b>Facility Address:</b>	1950 North Waverly Rd. Lansing, MI 48906
<b>Facility Telephone #:</b>	(517) 515-3060
<b>Original Issuance Date:</b>	12/20/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/05/2025

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 0

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: licensees

- 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. Licensees do not hold cash funds for any of the current residents.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. 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 400.14207            Required personnel policies.**

**(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.**

During the on-site inspection I reviewed the employee file for direct care staff, Muluken Wende. Ms. Wende's file was missing documentation of receipt of personnel policies.

**R 400.14207            Required personnel policies.**

**(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.**

During the on-site inspection I reviewed the employee file for direct care staff, Muluken Wende. Ms. Wende's file was missing documentation of receipt of a written job description.

**R 400.14208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**  
**(e) Verification of experience, education, and training.**

Ms. Wende's employee file was missing documentation of her experience and education.

**R 400.14208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**  
**(f) Verification of reference checks.**

Ms. Wende's employee file was missing documentation of attempted reference checks.

**R 400.14210      Resident register.**

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.
- (b) Date of discharge.
- (c) Place and address to which the resident moved, if known.

During the on-site inspection, I requested to review the *Resident Register*. The licensees did not have a completed *Resident Register* available for review.

**R 400.14306      Use of assistive devices.**

- (3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the on-site inspection I reviewed Resident A's resident record. This record was missing authorization from a licensed physician for Resident A's walker.


**R 330.1803      Facility environment; fire safety.**

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

During the on-site inspection I requested to review the evacuation assessments (E-Scores) for the current residents. The licensees did not have completed E-Scores available for my review.

#### 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".

6/5/25

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Jana Lipps  
Licensing Consultant

Date