



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 27, 2025

Esther Mwankenja  
Zanzibar Adult Foster Care, LLC  
5806 Outer Drive  
Bath, MI 48808

RE: License #: AS330406614  
**Zanzibar Adult Foster Care, LLC**  
**520 S. Holmes Street**  
**Lansing, MI 48912**

Dear Ms. Mwankenja:

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.

A six-month provisional license is recommended due to the quality of care and physical plant violations cited. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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>	AS330406614
<b>Licensee Name:</b>	Zanzibar Adult Foster Care, LLC
<b>Licensee Address:</b>	5806 Outer Drive Bath, MI 48808
<b>Licensee Telephone #:</b>	
<b>Licensee/Licensee Designee:</b>	Esther Mwankenja
<b>Administrator:</b>	Esther Mwankenja
<b>Name of Facility:</b>	Zanzibar Adult Foster Care, LLC
<b>Facility Address:</b>	520 S. Holmes Street Lansing, MI 48912
<b>Facility Telephone #:</b>	(517) 885-0716
<b>Original Issuance Date:</b>	02/17/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2025

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 3

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. Licensee designee does 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: CAP dated 8/15/23 (Renewal LSR dated 8/15/23), CAP dated 4/22/24 (SIR #2024A0790015), CAP dated 1/27/25 (SIR #2025A0466006). 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 400.14103**      **Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.**

**(1) An applicant for an adult foster care small group home license shall make available at the facility, or arrange for the department's inspection and copying of all of the following items:**

**(g) Current articles of incorporation, a letter of authorization from the board of directors that designates the individual who is authorized to act on behalf of the corporation on licensing matters, a current list of the corporate directors, if applicable, and a certificate of incorporation.**

In reviewing the current standing of the Zanzibar Adult Foster Care LLC, I observed that Ms. Mwankenja has not submitted an *Annual Review* to the Department of Licensing & Regulatory Affairs, since the incorporation of the LLC on 9/15/2020. The Business Entity review reported the Entity Status is "Active" and the Standing as "Not Good" but also states that the Entity is Inactive as of 3/1/2023. Ms. Mwankenja must update her business entity standing by contacting the Department of Licensing and Regulatory Affairs to determine what steps are required to move this LLC to a "Good" standing status.

**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 the on-site inspection I reviewed the employee file for Patrobah Mazara. This file was missing documentation of an annual health review for Mr. Mazara.

**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.

(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.

Mr. Mazara's employee file did not contain documentation that Mr. Marara had received a copy of the facility policies and procedures or a job description for his position.

**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:

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

Mr. Mazara's employee record did not contain a copy of his current driver's license or photo identification card. The file did not contain documentation of Mr. Mazara's experience and education and did not contain a copy of completed reference checks.

**R 400.14301                      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the on-site inspection I reviewed the resident record for Resident A. The *Health Care Appraisal* found in Resident A's record was dated 1/10/24. This does not demonstrate having the document completed at least annually.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the on-site inspection I reviewed the resident records for Resident A & Resident B. Resident A's *Assessment Plan for AFC Residents* document was dated 1/3/24. Resident B's *Assessment Plan for AFC Residents* document was dated 11/15/22. The assessment plan must be updated at least annually for all residents. **REPEAT VIOLATION ESTABLISHED [See SIR #2025A0466006 & CAP dated 1/27/25].**

**R 400.14312      Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection, I reviewed the medications for Resident A. Resident A is prescribed Vitamin E 400 Unit SFGL, take 2 capsules by mouth every morning, and Icosapent Ethyl 1 GM, take 2 capsules by mouth twice daily. Both medications were initialed as being administered on the Medication Administration Record for the month of August 2025, but neither of these medications were available on-site at the time of the on-site inspection. Ms. Mwankenja reported that she had not been aware that these medications were not available on-site, yet being marked as being administered to Resident A.

**REPEAT VIOLATION ESTABLISHED [See SIR #2025A0466006 & CAP dated 1/27/25].**

**R 400.14316      Resident records.**

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(d) Health care information, including all of the following:

(v) Instructions for emergency care and advanced medical directives.

In reviewing Resident B's resident record. Resident B's guardianship paperwork was not available for review. Ms. Mwankenja was unable to produce the guardianship paperwork for Resident B as requested.

**REPEAT VIOLATION ESTABLISHED [See Renewal LSR & CAP dated 8/15/23].**

**R 400.14401            Environmental health.**

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

During the on-site inspection, I observed that the kitchen sink did not have a functioning cold-water faucet. Only the hot water faucet was functional at the kitchen sink at the time of the inspection.

**R 400.14402            Food service.**

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

During the on-site inspection I observed the hood over the kitchen stove to be extremely soiled and in need of a new filter as well as regular cleaning maintenance.

**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.

During the on-site inspection I observed one of the bedrooms having a broken door latch plate on the door frame, preventing the door from fully closing. This same resident bedroom was observed to have significant stains and damage to the hardwood floor caused by resident urination. This floor will need to be cleaned and/or repaired for the health and safety of residents.

The back porch has a wheelchair ramp attached and this ramp has a broken board that will need to be replaced.



The basement of the facility was observed to have a large, stacked pile of personal items and trash, behind the basement steps and in a separate corner. The basement was damp and there was visible evidence of water having flooded the basement at one point in time. These areas must be cleaned and organized and these items need to be elevated from the floor on shelving due to the basement having issues with moisture/water.

The flooring in the main floor resident bathroom is stained and soiled. The floor will need to be cleaned and if it is not cleanable the floor will need to be replaced.

In the second-floor resident bathroom the toilet was observed to have continuous running water in the tank, after the toilet had been flushed and refilled with water.

**REPEAT VIOLATION ESTABLISHED [See Renewal LSR & CAP dated 8/15/23 as well as, SIR #2024A0790015 & CAP dated 4/22/24].**

**R 400.14403            Maintenance of premises.**

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

The backyard was observed to have a used mattress and box spring laying against the side of the garage. Ms. Mwankenja reported that this is due to a resident urinating on his bed and these items needing to be disposed of. These items need to be removed from the premises.

**R 400.14403            Maintenance of premises.**

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

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.

During the on-site inspection I observed the facility to require regular cleaning of the walls, kitchen cabinets, doors, door handles, light switch covers, the refrigerator/freezer, and flooring. Each of these identified areas were covered with

dirty handprints, splattered dirt and grease, and did not appear to have been regularly attended to in a lengthy period.

**REPEAT VIOLATION ESTABLISHED for Rule 403.2. See Renewal LSR & CAP dated 8/15/23, and SIR #2025A0466006 & CAP dated 1/27/25].**

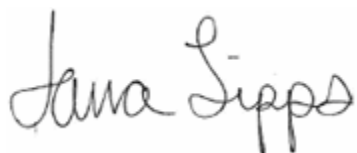
**R 400.14403          Maintenance of premises.**

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

The back porch of the facility sits more than 8 inches from the ground and will require a handrail on all open sides. The porch is currently not equipped with a handrail on the two open sides.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended due to the quality of care and physical plant violations.



8/25/25

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Jana Lipps  
Licensing Consultant

Date

Approved:



08/27/2025

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Dawn Timm  
Area Manager

Date