



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 11, 2025

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

RE: License #: AS330275174  
**Blessed Manor LLC 2**  
**911 W. Hillsdale**  
**Lansing, MI 48915**

Dear Ms. Mbelu:

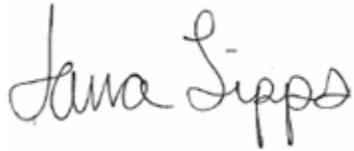
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 335-5985.

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](http://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**

<b>License #:</b>	AS330275174
<b>Licensee Name:</b>	Blessed Manor LLC
<b>Licensee Address:</b>	5517 Starflower Dr. Haslett, MI 48840
<b>Licensee Telephone #:</b>	(517) 402-3952
<b>Licensee/Licensee Designee:</b>	Joy Mbelu, Designee
<b>Administrator:</b>	Joy Mbelu
<b>Name of Facility:</b>	Blessed Manor LLC 2
<b>Facility Address:</b>	911 W. Hillsdale Lansing, MI 48915
<b>Facility Telephone #:</b>	(517) 402-3952
<b>Original Issuance Date:</b>	07/25/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2025

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 2

No. of residents interviewed and/or observed 4

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.  
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 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

At the time of the on-site inspection licensee designee, Joy Mbelu, reported that household member, Mike Neziyanya, did not have a statement signed by a licensed physician attesting to the health status of Mr. Neziyanya.

**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.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

At the time of the on-site inspection Ms. Mbelu did not have documentation of a negative tuberculosis test within the past three years for Mr. Neziyanya.

**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 the fire door at the top of the basement staircase was not affixed to the doorjamb by the hinges and therefore did not fully shut in the door frame. This will need to be repaired to allow for the fire door to close completely providing adequate floor separation.

**REPEAT VIOLATION ESTABLISHED [See Renewal LSR dated 8/16/23 & Corrective Action Plan dated 8/30/23. This previous violation was related to flooring repairs required that were completed and maintained by Ms. Mbelu.**

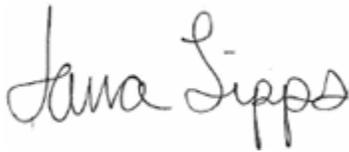
**R 400.14403                      Maintenance of premises.**

**(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.**

During the on-site inspection, I observed the faucet in the upstairs bathroom was not affixed to the countertop. The faucet was loose and could be pulled up from the countertop. The faucet was not properly installed and will need to be repaired.

**IV. RECOMMENDATION**

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



9/11/25

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Jana Lipps  
Licensing Consultant

Date