



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 12, 2026

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

RE: License #: AS330272015  
**Blessed Manor LLC**  
**716 Wisconsin Ave.**  
**Lansing, MI 48915**

Dear Ms. Mbelu:

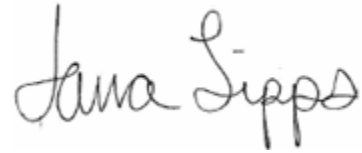
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS330272015

**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 Manor LLC

**Facility Address:** 716 Wisconsin Ave.  
Lansing, MI 48915

**Facility Telephone #:** (517) 267-0976

**Original Issuance Date:** 01/07/2005

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/12/2026

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 3

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. Licensee Designee does not hold cash funds for any of the current residents.
- Meal preparation / service observed? Yes  No  If no, explain.
- 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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good-faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall**

**make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good-faith offer of independent contract to that applicant.**

During the on-site inspection I reviewed the employee files for direct care staff, Camilla Parson & Mazi Mbonu. The *Michigan Workforce Background Check* eligibility letter reviewed in each file was not issued for the current license number. These direct care staff will need to have their *Michigan Workforce Background Check* clearance issued for every licensed adult foster care setting they are employed.

**R 400.629**

**Direct care staff; qualifications and training.**

**(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:**

**(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**

Mr. Mbonu's employee file did not contain a current certification in cardiopulmonary resuscitation.

**R 400.631**

**Health screenings.**

**(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household**

must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

Ms. Parson's employee file contained a signed statement from a licensed physician attesting to her health status that was dated 1/5/26. Ms. Parson's hire date was listed as 4/14/26. Ms. Parson did not have a physical completed within 30 days of her date of hire.

**R 400.647                      Safety and maintenance of premises.**

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

During the on-site inspection I observed a window unit air conditioner installed in Resident A's bedroom window. This air conditioner was not installed properly with the appropriate attached accordion closures on the sides to make the window weathertight. The air conditioner was installed with two cut pieces of cardboard on either side that did not properly seal the window.

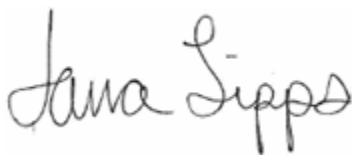
**R 400.655                      Bathrooms.**

(1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.

During the on-site inspection I observed the bathroom on the main floor did not have a window that was easily openable to provide proper ventilation. The bathroom does not have forced ventilation to the outside.

**IV. RECOMMENDATION**

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



6/12/26

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Jana Lipps  
Licensing Consultant

Date