GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2026

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

RE: License #: AS330273896
Investigation #: 2026A1029050
Blessed Home

Dear Ms. Mbelu:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 designee and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (231) 922-5309.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS330273896
Investigation #:	2026A1029050
Complaint Receipt Date:	06/16/2026
Investigation Initiation Date:	06/18/2026
Report Due Date:	08/15/2026
Licensee Name:	Blessed Manor LLC
Licensee Address:	5517 Starflower Dr., Haslett, MI 48840
Licensee Telephone #:	(517) 402-3952
Administrator:	Joy Mbelu
Licensee Designee:	Joy Mbelu
Name of Facility:	Blessed Home
Facility Address:	2300 Artisan Dr., Lansing, MI 48910
Facility Telephone #:	(517) 887-1072
Original Issuance Date:	04/06/2005
License Status:	REGULAR
Effective Date:	02/26/2026
Expiration Date:	02/25/2028
Capacity:	5
Program Type:	MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility is unclean and not in good condition.	Yes
There is not enough food in the facility for residents.	No
Resident A's medications are not documented correctly in the Medication Administration Record (MAR).	Yes
Additional Findings	Yes

III. METHODOLOGY

06/16/2026	Special Investigation Intake 2026A1029050
06/16/2026	Contact – Email to APS policy mailbox
06/16/2026	Contact - Telephone call made to AFC Licensing consultant Jana Lipps
06/16/2026	APS Referral - Referral was sent from a denied APS referral.
06/17/2026	Contact - Telephone call made to complainant
06/18/2026	Special Investigation Initiated – Telephone to complainant
06/26/2026	Referral - Made Recipient Rights referral to CEI CMH
06/26/2026	Inspection Completed On-site - face to face with direct care staff member Augustin Mbelu, Resident A, Resident B, Resident C, and Resident D at Blessed Home
06/26/2026	Contact - Telephone call made to Ashlee Bailey ORR
07/10/2026	Contact – Email to licensee designee Joy Mbelu
07/14/2026	Contact - Email from Joy Mbelu
07/21/2026	Contact – Email to ORR Ashlee Bailey
07/21/2026	Contact – Telephone call to licensee designee Joy Mbelu, direct care staff members Alpha Diallo (Left message), Mazi Mbonu (left message), and Augustin Mbelu
07/22/2026	Contact – Email to Joy Mbelu, Alpha Diallo (Left message), direct care staff member Mazi Mbonu

07/23/2026	Exit conference with licensee designee Joy Mbelu

ALLEGATION: The facility is unclean and not in good condition.

INVESTIGATION:

On 06/16/2026 a complaint was received via Bureau of Community and Health Systems online complaint system with allegations that the facility is unclean and not in good condition.

On 06/18/2026 I interviewed Complainant reported concerns regarding overall facility cleanliness, inadequate linens, soiled mattresses, grease-covered kitchen cupboards, urine odors, carpets around toilets, and flies and gnats throughout the home. Complainant also stated that daily cleaning routines were not followed and that direct care staff members did not maintain general housekeeping standards.

On 06/26/2026, I completed an unannounced on-site investigation and interviewed direct care staff member Augustin Mbelu stated that direct care staff members are responsible for cleaning the facility but did not know if there was a cleaning schedule. He reported he believed the facility appeared clean, “looked pretty sharp”, and that residents had sheets on their beds. However, observations during the tour of the facility did not support this.

The facility inspection revealed multiple sanitation and maintenance concerns including the following:

- Three of five resident beds did not have flat and fitted sheets on them, and one bed had loose tobacco on the mattress.
- Kitchen cupboards were covered in grease and grime. Walls and doorjambs had visible splattered liquid, dirt, and grime.
- A rust-colored couch in the living room had stains on the arms and seats.
- Drywall damage was observed in two residents’ bedrooms. The bathroom floor was dirty, contained dead flies, and appeared not to be washed regularly.
- Live flies were also observed around the toilet.
- The kitchen counter had a lifting laminate seam that allowed debris to collect beneath exposed particleboard.
- Broken blinds were observed in both the living room and a resident bedroom.
- Resident B was found lying on bedding with a large brown stain on the sheets. Resident B stated he did not know when his sheets were last washed or what caused the stain.

Resident A, Resident C, and Resident D reported no concerns with cleanliness and stated direct care staff members complete the cleaning for the facility.

On 07/21/2026, I interviewed licensee designee Joy Mbelu who stated that the direct care staff member working is responsible for cleaning the home and changing resident beds. She stated two residents prefer not to sleep on sheets. Ms. Mbelu was not aware of the stain observed on Resident B's bed but acknowledged it should have been addressed. Ms. Mbelu stated direct care staff members are responsible for cleaning facility walls and that pest concerns result from a resident urinating on the floor. She stated she believed the bathroom rug had been removed, though the rug was still present. She stated she recently hired a new live-in direct care staff member who has been working to clean the home.

On 07/22/2026, I interviewed direct care staff member Mazi Mbonu who stated cleaning is primarily completed by the live-in staff member or whoever is working. He reported no concerns with cleanliness during his shifts and stated recent flooring replacements occurred in the kitchen and bathroom. He reported maintenance issues are generally resolved quickly but stated he was unaware of issues with the countertops.

On 07/23/2026, during the exit conference, licensee designee Joy Mbelu stated that the investigation had "opened their eyes" and that cleanliness and maintenance issues were being addressed. Ms. Mbelu reported she installed new flooring and cleaned the facility and planned to submit pictures with her corrective action plan.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	During the on-site investigation, there were several areas of concerns regarding the housekeeping standards and home furnishings. Mr. Mbelu stated he felt the facility "looked pretty sharp" and denied having any concerns regarding the cleanliness despite the walls being dirty, holes in the drywall, grease and grime on the counters, dirty floors in the bathroom.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

ANALYSIS:	During the unannounced onsite investigation on 06/26/2026, I observed widespread dirt, grime, damaged walls, peeling wallboard, and deteriorated flooring all of which were not maintained in good repair or clean.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.645	**Environmental health.**
	(6) An insect, rodent, or pest control program must be maintained and carried out in a manner that continually protects the health of residents.
ANALYSIS:	During the onsite investigation on 06/26/2026 I observed pests within the facility and acknowledgment of an ongoing insect problem. The facility is not meeting the requirements of maintaining a pest control program.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.669	**Linens.**
	(1) A licensee shall provide all of the following: **(a) Clean bedding in good condition that includes a minimum of a fitted sheet, top sheet, pillowcase, and blanket or comforter for each bed.**
ANALYSIS:	During the onsite investigation on 06/26/2026 I observed that most of the residents' bedrooms had sheets near the bed, however three out of five resident beds did not have sheets on them. The mattresses are covered with plastic material (not a mattress protector) and one of the beds had loose tobacco on the bed. Ms. Mbelu stated some of the residents take their sheets off their bed and prefer to sleep directly on the mattress.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.665	**Food service.**
	(10) Food preparation surfaces and areas must be clean and in good repair.

ANALYSIS:	During the onsite investigation on 06/26/2026 I observed the kitchen counter top had a lifting laminate seam allowing food and debris to get underneath this area and the bottom had particle board substrate that was showing beneath the edges of the countertops.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: There is not enough food in the facility for residents.

INVESTIGATION:

On 06/16/2026, a complaint was received via the Bureau of Community and Health Systems received a complaint alleging insufficient food available for residents.

On 06/18/2026, I interviewed Complainant who reported concerns that the facility did not have enough food and that nutritional standards were not being met.

On 06/26/2026, I conducted an unannounced on-site investigation. I interviewed direct care staff member Mr. Mbelu, who reported no concerns regarding food quantity. A tour of the facility revealed a full refrigerator and deep freezer, with no indications of inadequate food supply. I interviewed Resident A, Resident B, Resident C, and Resident D. None reported concerns regarding nutrition or access to sufficient food. I also reviewed the menu which showed a variety of food choices.

On 07/21/2026, I interviewed licensee designee Ms. Mbelu. Ms. Mbelu stated she has never had concerns about food availability, noting that a substantial amount of food is stored in the basement. She reported that she completes the weekly shopping and is confident adequate food is consistently maintained.

On 07/22/2026 I interviewed direct care staff member Mr. Mbonu. Mr. Mbonu stated there is a refrigerator upstairs that they don't stock full of food because there are some residents that will eat all day and not have balanced meals. He stated there are three meals per day and snacks as offered to them. He stated there is a deep freezer downstairs where most of the food is kept. Mr. Mbonu stated there is always food available for him to follow the menu set in place.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(4) Meals must meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. The Dietary Guidelines for Americans 2020-2025 are adopted by reference and available to be

	viewed or downloaded from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services at https://www.dietaryguidelines.gov at no cost at the time of adoption of these rules. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of these rules.
ANALYSIS:	Based on the complaint investigation, no violations were found regarding food availability or nutritional adequacy. The on-site inspection conducted on 06/26/2026 confirmed that the facility had a sufficient supply of food, including a full refrigerator and deep freezer. None of the resident interviews reported concerns about inadequate food or nutrition. The licensee designee reported that food supplies are regularly replenished and additional food is stored in the basement.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident A's medications are not documented correctly in the Medication Administration Record (MAR).

INVESTIGATION:

On 06/16/2026 a complaint was received via Bureau of Community and Health Systems online complaint system with allegations that Resident A's medications are not documented correctly in the Medication Administration Record (MAR).

On 06/18/2026, I interviewed Complainant who stated there were concerns regarding Resident A's MAR due to incorrect documentation. Complainant reported that Resident A's medications were signed as administered even though Resident A was hospitalized at that time. Complainant also stated the MAR had been altered using white-out, which is not permitted. No other medication-related concerns were reported.

On 06/26/2026, I completed an unannounced on-site investigation and interviewed direct care staff member Mr. Mbelu. I reviewed Resident A's MAR for June 2026. Mr. Mbelu stated he did not know Resident A was in the hospital on 06/10/2026 and could not explain why the medications had been documented as administered.

On 06/26/2026, I reviewed Resident A's record, including the MAR and *After Visit Summary*. The June MAR indicated medications were administered on 06/10/2026–06/11/2026, despite Resident A being hospitalized beginning 06/10/2026. The MAR did not contain any notation identifying what the "I" symbol represented or documenting the dates of hospitalization.

The *After Visit Summary* reflected hospitalization from 06/10/2026–06/18/2026 and listed new medications (Nicotine Polacrilex and Trazodone). The June MAR did not include Trazodone, and Nicotine Polacrilex remained listed only as a PRN without an update following the hospitalization.

On 06/26/2026, I interviewed Resident A, Resident B, Resident C, and Resident D. None of the residents reported concerns about receiving incorrect medications, and all stated direct care staff members administered medications.

On 07/21/2026, I interviewed licensee designee Ms. Mbelu. Ms. Mbelu stated that if medications were documented as administered while Resident A was hospitalized, this was an error. She stated direct care staff members are required to enter an "I" when a resident is in the hospital and unavailable for medication administration. Ms. Mbelu reported that direct care staff member Mr. Diallo was terminated in part due to not following through with required documentation procedures.

On 07/22/2026, I interviewed direct care staff member Mr. Mbonu. Mr. Mbonu stated he was not aware of any recent medication errors and reported that medication administration is made easier by the use of bubble packs. He stated direct care staff members are trained to document hospitalizations appropriately by entering an "I" in the MAR when a resident is not available to receive medications.

On 07/23/2026 I completed an exit conference with licensee designee Ms. Mbelu. Ms. Mbelu stated she will review the *Medication Administration Record* to verify that Resident A is receiving the correct medications.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: **(b) Complete an individual medication log that contains all of the following:** **(i) Medication name.** **(ii) Dosage.** **(iii) Label instructions for use.** **(iv) Time to be administered.** **(v) Initials of the individual who administered the medication at the time given.** **(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.**

ANALYSIS:	During the on-site investigation on 06/26/2026, review of Resident A's June 2026 MAR confirmed that medications were documented as administered on 06/10/2026–06/11/2026, despite Resident A being hospitalized beginning 06/10/2026. The MAR did not contain any notation explaining the "I" symbol or identifying the dates of hospitalization. Review of the *After Visit Summary* showed Resident A was hospitalized from 06/10/2026–06/18/2026 and that two medications—Nicotine Polacrilex and Trazodone—were added at discharge. The MAR was not updated to include Trazodone, and Nicotine Polacrilex remained listed only as a PRN, indicating the post-hospital medication changes were not properly incorporated.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site investigation on 06/26/2026, the designated smoking area was observed to be in unsanitary and unsafe condition. The shed contained a significant accumulation of discarded cigarette butts on the table, floor, and around the entryway. Multiple coffee cans were filled with cigarette waste, and a trash can inside the shed was overflowing with trash and cigarette butts. The area had a strong odor of cigarettes, and furniture surfaces were visibly stained. Residents A and D acknowledged the condition of the shed but were uncertain about who was responsible for maintaining the area.

On 07/21/2026, licensee designee Ms. Mbelu reported she had observed the smoking area in similar condition and cleaned it herself. She stated direct care staff are responsible for maintaining the area but had not been fulfilling this duty. Ms. Mbelu acknowledged that the condition of the smoking shed could pose a fire safety risk and stated she would monitor it more closely.

On 07/22/2026 I interviewed direct care staff member Mazi Mbonu. Mr. Mbonu stated the smoking shed is also the direct care staff members responsibility and he stated there are buckets they use for cigarette butts but the residents continue to flick their cigarettes instead of putting them in the cans. Mr. Mbonu stated the shed was built so they could be smoking 25 feet from the building. He stated he has cleaned it up in the past but he hasn't been out there recently. Mr. Mbonu stated when he does the dishes he does talk to them and tell them to empty the bucket and his last shift he gave them a clean bucket to use for their cigarette butts.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(16) Yard areas must be kept reasonably free from hazards, nuisances, refuse, and litter.
ANALYSIS:	Based on direct observation on 06/26/2026 of excessive cigarette waste, inadequate cleaning, and the acknowledged potential fire hazard, the facility failed to maintain the smoking area in a clean, safe, and sanitary manner as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an approved corrective action plan, I recommend no change in the license status.

_____07/23/2026_____

Jennifer Browning
Licensing Consultant

Date

Approved By:

07/24/2026

_____

Dawn N. Timm
Area Manager

Date