GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

Elsabeth Engeda
2843 Turtle Creek Dr.
East Lansing, MI 48823

RE: License #: AS330367324
Investigation #: 2026A0622047
Kalkidan AFC 3

Dear Ms. Engeda:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (517) 335-5985.

Sincerely,

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330367324
Investigation #:	2026A0622047
Complaint Receipt Date:	06/09/2026
Investigation Initiation Date:	06/09/2026
Report Due Date:	08/08/2026
Licensee Name:	Elsabeth Engeda
Licensee Address:	2843 Turtle Creek Dr. East Lansing, MI 48823
Licensee Telephone #:	(517) 336-4490
Administrator:	Elsabeth Engeda
Licensee Designee:	Elsabeth Engeda
Name of Facility:	Kalkidan AFC 3
Facility Address:	2121 Hopkins Avenue Lansing, MI 48912
Facility Telephone #:	(517) 402-6191
Original Issuance Date:	01/16/2015
License Status:	REGULAR
Effective Date:	04/24/2024
Expiration Date:	04/23/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A was hospitalized with severe dehydration, untreated sores, poor hygiene, and other conditions suggesting possible neglect.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/09/2026	Special Investigation Intake 2026A0622047
06/09/2026	Special Investigation Initiated – Telephone phone call to Guardian A1
06/09/2026	APS Referral
06/09/2026	Contact - Telephone call made to Relative A1 and community mental health case worker, Robert Cheetham.
06/25/2026	Inspection Completed On-site
06/29/2026	Contact - Telephone call made to Harmony Cares to request documentation
07/13/2026	Contact - Telephone call made to Guardian A1
07/14/2026	Contact – Email contact with adult protective services worker, Kai Chea Wright.
07/21/2026	Contact - Telephone call made to physical therapists, Colby … and Lewis Hase. Documentation received from Harmony Cares.
08/04/2026	Exit conference with licensee designee Elsabeth Engeda

ALLEGATION: Resident A was hospitalized with severe dehydration, untreated sores, poor hygiene, and other conditions suggesting possible neglect.

INVESTIGATION:
On 06/09/2026, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, Guardian A1 requested that Resident A be sent to the hospital on 06/03/2026 after an annual meeting held at the facility with community mental health to review Resident A's *Treatment Plan.* The complaint stated that Resident A's skin was grayish in color, she was unable to move and was not drinking or eating at the time of this meeting on 06/03/2026. According to the complaint, a direct care staff member (name unknown) stated that Resident A's vitals were good, so therefore she was not sick. The complaint reported that Resident A had been prescribed Wegovy for the past month but there was no consent from Guardian A1 for Resident A to be given this medication. The compliant stated that Resident A was hospitalized due to blockage in both kidneys. The complaint stated kidney stones were removed and stents were placed in both kidneys to assist with relieving the blockage. The complaint reported that Resident A's urine was like milk and she had sores on her bottom that were not completely open but were described as very raw. Resident A also had sores inside and outside her mouth with a film covering them, her hygiene was very poor, and she was severely dehydrated. According to the complaint, the hospital reported to a family member that Resident A had not been taken care of and should be moved out of the facility.

On 06/09/2026, I contacted Guardian A1 via phone. Guardian A1 stated that she was at the home on 06/03/2026, to complete Resident A's *Treatment Plan* meeting with community mental health. She reported that when she arrived, licensee designee Elsabeth Engeda started saying that Resident A needed to be moved because she needed a "two-person assist and needed a nursing home." Guardian A1 stated that Resident A's door was closed, which was out of the norm for her during visits. Guardian A1 stated that after they finished the meeting regarding paperwork, she asked to see Resident A. Guardian A1 reported that Resident A looked like "death" and was not moving. Guardian A1 stated that she asked licensee designee Engeda what was wrong with Resident A and she was told that her vitals are fine inferring that nothing was wrong. Guardian A1 stated that she asked Resident A "do you feel good" and Resident A reported "no, I can't eat anything." Guardian A1 reported that she requested that Resident A be sent to the hospital for evaluation.

Guardian A1 explained that during this meeting on 06/03/2026, she was informed that Resident A had been prescribed Wegovy for over a month. Guardian A1 stated that the prescription was approved in February 2026 and it's her understanding Resident A began receiving the medication on 04/03/2026. She stated that neither licensee designee Engeda nor Resident A's doctor reached out to her to obtain her approval for a Wegovy prescription. Guardian A1 reported that she was informed that licensee designee Engeda thought it was a good idea to have Wegovy

prescribed as Resident A was gaining weight and could not exercise. She stated that it was her understanding that the prescription was written in February 2026 and Ms. Engeda reached out to Relative A1 to see if she would pay for the prescription because it was denied by insurance. Guardian A1 explained that it was her understanding that Resident A had been sick for about a month from the Wegovy. Guardian A1 reported that at the hospital Resident A was diagnosed with a UTI, blockages in both kidneys which required stents, extreme dehydration, signs of heart failure and sores inside and outside of her mouth. According to Guardian A1, Relative A1 was informed by hospital staff that Resident A might not have made it another few days without medical intervention. Guardian A1 stated that hospital staff told Relative A1 not to send Resident A back to the AFC home.

On 06/09/2026, I interviewed Relative A1 via phone. Relative A1 reported that she received a phone call from licensee designee Engeda requesting payment for Resident A's Wegovy prescription as it was declined by insurance. Relative A1 stated that she was unable to pay for Resident A's Wegovy. Relative A1 reported that she visited Resident A on 04/15/2026 at the AFC. She stated that Resident A was doing pretty well and looked like her normal self. She stated that she observed her in a chair within her room and Resident A was able to stand up to try a new shirt on. Relative A1 stated Resident A was able to walk with a walker and was sleeping in her bed at night. Relative A1 stated that she visited Resident A on 05/19/2026 at the AFC home. Relative A1 reported that she observed Resident A had two black eyes and looked very tired. She explained that Resident A reported she didn't feel well and had a headache. Relative A1 reported that Resident A's hair was not clean and was very greasy. She stated that Resident A was sleeping in her chair at all times, as her legs were not strong enough to transfer to the bed at night. Relative A1 stated that she visited Resident A in the hospital after she was admitted on 06/03/2026. She stated that Resident A's hair was still very greasy, her lips had scum on them and her lower lip has ulcers and were swollen. Relative A1 stated that a nurse informed her that Resident A's urine was "like milk." Relative A1 reported that a nurse stated to her that she was concerned about Resident A's care as she had areas on her bottom about to break down and her heals were "mushy." Relative A1 reported that she calls Resident A weekly to talk with her. She stated that she recalled that one week, Resident A was sleeping and unable to talk with her. Relative A1 reported that she received no calls from Kalkidan AFC 3 regarding health or medical concerns for Resident A between April through June 2026.

On 06/09/2026, I interviewed Resident A's community mental health case worker, Robert Cheetham via phone. He stated that he took over Resident A's case in April 2026. He stated that he visited Resident A on 4/28/2026 in the AFC home. He described that Resident A was at her baseline and was feeling well. Mr. Cheetham stated that he visited Resident A again on 05/15/2026 at the AFC home. Mr. Cheetham stated that he observed Resident A was not feeling well and was told by licensee designee Engeda that it was due to the side effects from Wegovy. Resident A reported to Mr. Cheetham that her "stomach hurt." He stated that he has only observed Resident A in her chair within her room. He stated he told both Resident A

and licensee designee Engeda that she needed to be sleeping in her bed at night. Mr. Cheetham stated that 5/15/2026 was the first time he heard that Resident A was prescribed Wegovy and was told by licensee designee Engeda that it was for weight loss. Mr. Cheetham reported he attended the meeting at the facility on 06/03/2026 to complete Resident A's *Treatment Plan.* He reported that when he arrived licensee designee Engeda stated that Resident A needed nursing home care and she was not feeling well. He explained that licensee designee Engeda did not have a reason why Resident A was sick. Mr. Cheetham stated that he also observed Resident A's bedroom door to be closed. Mr. Cheetham reported that during the visit on 06/03/2026, Resident A stated, "I can't eat." Mr. Cheetham stated that Guardian A1 requested that Resident A be sent to the hospital for evaluation. Mr. Cheetham explained that he put in a new referral for physical therapy and a Hoyer lift for when Resident A returned to the AFC home.

On 06/25/2026, I completed an unannounced onsite investigation to Kalkidan AFC 3. During the unannounced onsite investigation, I interviewed direct care workers, observed Resident A, licensee designee Engeda and viewed documentation.

On 06/25/2026, I observed Resident A in her bed. The bedroom door was open during the time I was at the facility for the investigation. Resident A was sleeping and was slowly waking up. Licensee designee Engeda assisted Resident A with getting a drink of water. Resident A was not interviewed due to her cognitive delay and sleeping most of my unannounced onsite investigation.

On 06/25/2026, I interviewed licensee designee Elsabeth Engeda in person. She reported that Resident A's doctor is through Harmony Cares and was the physician who prescribed Wegovy. Licensee designee Engeda was unsure when Resident A was prescribed the Wegovy, so she called Harmony Cares for the specific dates. According to Harmony Cares, Resident A was prescribed Wegovy on 2/12/2026, but the prescription was not filled until 4/9/2026. The Wegovy prescription was discontinued when Resident A was hospitalized on 6/3/26, by the hospital physician. Licensee designee, Engeda reported that the side effects Resident A experienced from Wegovy were nausea and throwing up. She stated that Resident A was also prescribed Zofran for nausea. She explained that she believes Resident A only received 4 or 5 injections of Wegovy before it was discontinued. Licensee designee Engeda reported that she called Harmony Cares regarding Resident A several times. However, licensee designee Engeda could not provide any documentation about these calls, including call dates, reason for calls to the physician, and physician instructions from these calls or recommendations from Resident A's Harmony Cares medical provider. Licensee designee Engeda stated that Resident A needs two direct care workers for assistance now and she is planning to issue a discharge notice, but one has not been issued yet. She stated that Resident A was in the hospital from 06/03/2026 through 06/09/2026. Licensee designee Engeda stated that she sent Resident A back to the hospital on 6/19/26.

On 06/25/2026, I interviewed direct care worker (DCW) Agerie Woldu in person briefly before she needed to leave the facility. She stated DCWs check Resident A mostly while she is in bed, provide bed baths and also have a commode for Resident A. She stated that two people are needed to transfer and assist Resident A with personal care.

On 06/25/2026, I interviewed DCW Mark Barkons in person. DCW Barkons stated that Resident A used to walk and would kick staff when she was feeling better. He stated that now she will not walk and is too heavy to transfer independently. He reported that during the entire month of May 2026 all Resident A did was eat, drink and then throw up. DCW Barkons stated that Resident A could not hold any food down or water and was consistently throwing up for about two weeks. DCW Barkons explained that Resident A would throw up on herself and they would need to clean her up in bed as she stopped wanting to get out of bed. DCW Barkons reported that Resident A was very tough to care for as she fights the staff members. He explained that Resident A is still throwing up, but they have learned to give her very small portions of food and water to help her keep the food and liquid down. There was no record of any actions taken such as calling Resident A's physician, taking her to Urgent Care or the hospital during May 2026 when she continuously vomited.

On 06/09/2026, I received a copy of Resident A's *Discharge Instructions, Order and Medications* from her hospital stay at McLaren Greater Lansing Hospital. According to the document, Resident A's discharge diagnosis was the following:

- Acute kidney injury
- GI bleed
- Urinary tract infection
- Pyelonephritis, acute
- Epilepsy
- Chronic GERD
- Elevated brain natriuretic peptide level
- Heart failure with reduced ejection fraction
- Hypophosphatemia
- Hypothyroidism; Hypocalcemia; seizure

According to Resident A's *Discharge Instructions, Order and Medications* from her hospital stay at McLaren Greater Lansing Hospital it documented the following for Resident A's hospital summary:

"Patient is 64 year old female with history of epilepsy, hypothyroidism developmental delay resides at adult foster home, who presented to the emergency room for concerns of Gastrointestinal bleeding with dark tarry stools and lethargy four days prior to presentation. Hemoglobin found to be 11 and stable, started on Proton Pump Inhibitors. She was found to have a Urinary tract infection(UTI), Acute kidney injury and hydronephrosis+ bilateral ureteral calculi for which Urology was consulted. Patient underwent cysto with bilateral retrograde pyelogram and bilateral ureteral stents on

6/4/26. Cardiology was consulted on 6/5/26 due to cardiomyopathy with transthoracic echocardiogram. No cardiac intervention planned, will repeat echo in ¾ months. Patient was also found to have E. Coli Bacteremia for which patient is on PO cefdinir through 6/13/26 (also E. coli for UTI)."

Based upon review of Resident A's *Discharge Instructions, Order and Medications* from her hospital stay at McLaren Greater Lansing Hospital it stated a physical exam was conducted on her skin and her skin was warm, dry with no rashes or lesions.

On 06/25/2026, I viewed Resident A's resident record including Resident A's *Assessment Plan for AFC Resident's* dated 6/3/25, a *Health Care Appraisal* dated 07/08/2025. I also viewed Resident A's weight record. According to her weight record the following documentation was found:
12/01/2025: 162
01/01/2026: 164
02/01/2026: 170
03/01/2026: unable to stand
04/01/2026: unable to stand
05/01/2026: unable to stand
06/01/2026: unable to stand

On 07/29/2026, licensee designee Engeda reported that her and another staff member attempted to obtain Resident A's weight a few times at the beginning of each month but were unsuccessful. She provided no additional dates or documentation of those efforts or if she called Resident A's physician to report that Resident A as too weak to stand. Licensee designee, Engeda also reported that she notified Dr. Azra Abbasi several times and received the following response: "I tried to order a bed with scale, but her insurance won't approve it".

On 06/25/2026, I viewed Resident A's *medication administration record (MAR)* for April 2026 through June 2026. On Resident A's April 2026 MAR it documented that insurance denied Wegovy. On the last page of Resident A's April 2026 MAR, it documented that Resident A was administered Wegovy .25mg/.5mg on 4/13/26, 04/20/26 and 04/27/2026. Resident A's April 2026 MAR also documented that Resident A was administered Wegovy 1mg starting on 5/4/26. Resident A's May 2026 MAR documented Resident A was administered Wegovy 1mg on 05/04/2026, 05/11/2026, 05/18/2026 and 05/26/2026. Resident A's June 2026 MAR did not document any administrations of Wegovy for Resident A. Resident A was scheduled to be injected on 6/8/26 however Resident A was hospitalized on 06/03/2026 and no injection was given. This medication was discontinued during Resident A's hospitalization. Resident A's June 2026 MAR documented that Resident A was prescribed, Ondansetron HLC 4mg, take one tablet by mouth every 8 hours for as needed for nausea for five days. Ondansetron HLC 4mg was prescribed on 06/10/2026. According to the MAR, Resident A was not administered Ondansetron HLC 4mg within the month of June. The June MAR also documented Zofran, 4mg tab PRN for nausea. Resident A was only administered Zofran, 4mg tab on 6/15/2026.

On 06/25/2026, I reviewed Resident A's resident record and found one form documenting medical care or communication with medical professionals between 01/01/2026-06/03/2026. I asked for additional information from licensee designee Engeda during my unannounced onsite investigation especially regarding telephone calls licensee designee Engeda stated she made to Resident A's physician and/or Harmony Cares (Resident A's medical provider). Licensee designee Engeda stated that she did not keep documentation of her communication with doctors or physician orders or guidance provided after these calls. Licensee designee Engeda attempted to look for more medical documentation but did not locate any other documentation during the unannounced onsite investigation.

The medical document within Resident A's file was dated 04/03/2026 from the University of Michigan Health-Sparrow Lansing Emergency Room, labeled *After Visit Summary.* According to the *After Visit Summary,* Resident A's reason for the visit was altered mental status and her diagnosis was urinary tract infection.

On 06/29/2026, I requested documentation from Harmony Cares, which is Resident A's medical provider. On 07/21/2026, I received documentation from Harmony Cares outlining Resident A's care from January 2026 through June 3, 2026. This documentation also included all phone calls received regarding Resident A's care.

On 01/22/2026, Resident A was seen by Dr. Arza Abbasi from Harmony Cares. According to the documentation for the visit on 01/22/2026, it stated the chief complaint was the following: "Established patient visit, referral home health. Elizabeth [licensee designee Elsabeth Engeda] would like us to draw a A1C and see if she is pre-diabetic and if she is, she would like her to be put on Mounjaro. She would also like a PT and OT through residential home health." Also found in the documentation from Resident A's medical visit from 01/22/2026, was the following: "staff at facility denies any recent falls, but reports she is having increased weakness, requesting to work with PT/OT. Care giver reports the need for a bariatric bedside commode and also requesting to check into weight loss medications or interventions. Will obtain basic blood work today including AC1 to see if patient would benefit from GLP-1 agonists." A note stated on the medical documentation from 01/22/2026 stated the following: "Patient does not meet the weight requirement for bariatric bedside commode of 300lbs."

Medical documentation was received from Harmony Cares regarding a doctor visit on 02/11/2026 from Dr. Arza Abbasi. According to the documentation, the visit was a follow up and Resident A was seen at the AFC. The document stated the following: "Reviewed recent labs on the phone with Elizabeth (AFC manager). No changes in medication regimen. Elizabeth is asking for medication weight loss; patient is obese with comorbidities and has sedentary life style. Patient is currently working with PT and OT for gaining strength. Patient does not appear to be in acute distress, denies difficulty in breathing and chest pain. Medication reconciliation done during this visit. Cologuard was ordered a few visits ago, pending results. Will need to call emergency contact, [Relative A1] to find out more information about patients' history of seizures; when was

the last year and if patient was seen neurology in the past. Attempted to call [Relative A1] at the number available in the chart, but the number was disconnected. Will have staff find a functional number." The following note was found in the medical documentation from 02/11/2026: "Patient has attempted lifestyle modification including dietary changes and activity as tolerated; however durable weight loss has not been achieved. Therefore, we will attempt a trial of semaglutide /Wegovy to reduce the risk of cardiovascular event in her."

Medical documentation was received from Harmony Cares regarding a doctor's visit from 04/02/2026 from Dr. Arza Abbasi. According to the documentation, the chief complaint was "cannot stand." According to the medical documentation dated 04/02/2026, the following was reviewed by Dr. Abbasi "Patient reports dental pain in upper left side of mouth and wants teeth pulled out though she does not have any teeth in this area. Has orajel for PRN use. Advised CG (caregiver) to continue applying that. She was referred to U of M oral maxillary specialist a few months ago for this. CG does not know if patient has followed up with them or not. Called [Relative A1] to have her follow up with Elsabeth on this. Wegovy was prescribed due to weight gain issue that will impact patients health in a negative way. Completed PA a few weeks ago. Patient has still not received the medication from the pharmacy. Asked Elsabeth to look into this and call Harmony Cares back if there is any issue." The following note was documented on the medical documentation from 04/02/2026: "Chronic Kidney disease 3A. Patient not currently symptomatic. No edema or electrolyte abnormalities reported. No signs of fluid overload. Avoid nephrotoxic prescribed or OTC medications. Maintain adequate hydration. Repeat blood work every 3-6 months to keep an eye on renal function. Call pcp/Harmony Cares if experience persistent fatigue, weakness, swelling in legs/ankles/feet, notice changes in urine (such as increased or decreased urination, or a foamy appearance)"

The following contacts were documented by Harmony Cares regarding Resident A:

- 01/22/2026 at 3:27pm-AFC manager Elizabeth requesting the bariatric bedside commode either via Sparrow or lincare medical supplies stores. I tried via parachute- it does not have these two medical suppliers for this item. I have selected Carelink, but it says the patient does not meet the minimum weight requirements which is 300lbs since she is 160 pounds. Would you message Elsa and tell her the patient does not meet the requirements for the bariatric commode. I can order a regular one if they are in need of one.
- 01/27/2026 at 12:53pm- Spoke with Elsabeth, she says please order the bariatric commode and she will purchase it out of pocket for her.
- 02/26/2026 at 7:13am- Ordered bariatric commode via Athena and sent order to Lincare today.
- 02/18/2026 at 12:19pm- Called and left a message for [Guardian A1] to find out if she has a functional number for [Relative A1].
- 04/09/2026 at 11:36am- Elsabeth called pharmacy was told PA approved through Medicaid but her Medicaid plan is for family planning only. I got the information from pharmacy to run PA through Medicare. Elsabeth asking for clarification and wanting to speak to Stephanie Martin.

- 04/27/2026 at 10:34am- Elsabeth asking if Wegovy should be increased after first month.
- 04/27/2026 at 1:23pm- Please ask if patient is tolerating current dose well. Not reporting abdominal pain, nausea or vomiting. Then we can send in new script for next titrated up dose. If patient is experiencing any of the above symptoms then keep her on this dose for another month. Please let me know what she reports.
- 04/28/2026 at 8:03am- Per Elsabeth, patient did have some nausea the day after the first shot but says she has been tolerating it since. Advised Elsabeth to let us know if she has any symptoms.
- 04/30/2026 at 3:16pm- Next dose up prescribed today.
- 04/30/2026 at 1:31pm- Elsabeth needing incontinence supplies form signed. Patient is out of supplies.
- 05/01/2026 at 7:22am- Provider only received form on 04/30/26. Provider will sign and return.
- 06/03/2026 at 2:49pm- Guardian A1 called. States patient has no cognitive control. States patient looks really bad. States her skin has changed color and she is unable to get out of bed the last few days. AFC cannot say when the last time patient has ate a full meal. States she advised the AFC to put Wegovy on hold.
- 06/03/2026 at 4:09pm- Doctor called Guardian A1 back and left VM regarding agreeing to put Wegovy on hold. Requested a call back regarding her observations of the patient. Left VM with Elsabeth, AFC manager to check on patient.

On 07/21/2026, I interviewed Resident A's physical therapist, Lewis Hase via phone. He reported that he only completed two visits with Resident A. He stated that on 6/15/26, he completed his intake and on 6/19 Resident A started getting hostile and it was difficult to complete a session. On 07/03/2026, Resident A started yelling at him and refused to participate, therefore he discharged her from services.

On 07/21/2026. I interviewed Resident A's previous physical therapist, Colby Brooks via phone. He stated that he started working with Resident A on 01/26/2026 and then discharged her on 05/12/26 due to lack of progress. He stated that Resident A failed to make progress and did not have the cognitive ability to practice the exercises on her own, therefore no progress was made week to week. He reported that she made some progress, and she took about five or six steps on her own. Mr. Brooks explained that most of the exercises were done in her chair. He explained that he remembered Resident A being on Wegovy and stated that she was nauseous at some of his visits. He reported that one of his visits he showed up and she was too sick to complete his session.

APPLICABLE RULE	
R 400.689	**Resident health care.**
	(3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.
ANALYSIS:	Based on interviews it was found that Resident A started a new medication of Wegovy on 04/13/2026, without informing Guardian A1 or the case worker prior to administration. After reviewing documentation from Harmony Cares, it was found that licensee designee requested that Wegovy be prescribed during Resident A's doctors visits on 01/22/2026 and 02/11/2026 due to Resident A's weight gain. While interviewing direct care worker, Mark Barkons he stated that Resident A could not keep any food down and continued to throw up all liquids for at least two weeks during May 2026. During an interview with case manager, Robert Cheetham he observed Resident A on 5/15/26 to not be feeling well and she reported to him that her "stomach hurt." Physical therapist, Colby Brooks also confirmed that Resident A was unable to participate in a session due to not feeling well in the month of May. Furthermore, after review of Harmony Cares medical contacts for Resident A, there was no documentation that licensee designee, Elsabeth Engeda or any direct care worker contacted their office regarding Resident A's nausea or lack of ability to keep down food or liquids during May 2026. Additionally, licensee designee, Elsabeth Engeda or Harmony Cares had no documentation of her or a direct care worker contacting Harmony Cares or any other medical provider in regards to stopping her prescribed Wegovy, reducing the dose or asking for medical clarification in regards to her vomiting, stomach pain, nausea or lack of ability to keep food or liquids down. A violation was established as licensee designee, did not obtain health care immediately when Resident A's health condition changed, despite Harmony Cares telling licensee Engeda on 4/28/26 to contact them if Resident A has any nausea, vomiting or abdominal pain. Emergency health care was only sought after Guardian A1 visited Resident A on 06/03/2026 and observed her condition and requested that she be sent to the hospital, despite licensee designee stating that Resident A's vitals were normal. Resident A was then hospitalized from 06/3/26-06/08/2026.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(11) A licensee shall contact a resident's health care professional for instructions as to the care of the resident if the resident requires the care of a health care professional. The licensee shall record in the resident's record any instructions for the care of the resident.
ANALYSIS:	Although licensee designee Elsabeth Engeda reported contacting Resident A's physician multiple times starting after Resident A was prescribed Wegovy, there was no documentation of these contacts in Resident A's resident record as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDING:

INVESTIGATION:
On 06/25/2026, I completed an unannounced onsite investigation to Kalkidan 3. During my unannounced onsite investigation, licensee designee Elsabeth Engeda arrived. During my interview with licensee designee Engeda, she reported that Resident A now requires two direct care workers for personal care. Licensee designee, Engeda stated that Resident A now has a Hoyer lift or staff use two direct care workers to transfer her out of bed. The Hoyer lift was observed within the garage of the home. I asked licensee designee to list all the staff who currently work within the home. The names provided were: Agerie Would, Mark Barkons, Bayoush Mekonen, Kalkidan Tesfagiorgise and herself.

Additionally, I requested a staff schedule. According to the staff schedule, a direct care worker named Andrew Shaw was scheduled to work every Saturday in June from 8am-8pm.

Upon review of the Michigan Workforce Background Check System, the following direct care workers did not have fingerprint results to clear them to work at Kalkidan 3: Agerie Would, Mark Barkons or Andrew Shaw.

APPLICABLE RULE	
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.**
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult fostercare facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

ANALYSIS:	Based on my in-person interview on 06/25/2026 with licensee designee Elsabeth Engeda, she reported that both Agerie Would and Mark Barkons are direct care workers at Kalkidan 3. I also observed and interviewed both Agerie Would and Mark Barkons on 06/25/2026 during my unannounced onsite investigation. After reviewing the Michigan Workforce Background Check system, I determined that direct care staff Agerie Would, Mark Barkons, and Andrew Shaw have no clearances completed within the Michigan Workforce Background Check System for Kalkidan 3.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

On March 9, 2026, Special Investigation # 2026A0622019 recommended a six month provisional license be issued due to quality of care violations. Licensee designee Elsabeth Engeda contested that recommendation and is now awaiting a hearing. Due to the severity of quality of care violations cited in this report, I recommend revocation of the license.

07/30/2026

Amanda Blasius Date
Licensing Consultant

Approved By:

08/03/2026

Dawn N. Timm Date
Area Manager