GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 21, 2026

Muse Berhe
4499 Bowline Ct
Lansing, MI 48911

RE: License #: AS330417936
Senay AFC
4901 Tressa Dr
Lansing, MI 48910

Dear Mr. Berhe:

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 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,

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

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

I. IDENTIFYING INFORMATION

License #:	AS330417936
Licensee Name:	Muse Berhe
Licensee Address:	4499 Bowline Ct Lansing, MI 48911
Licensee Telephone #:	(517) 977-7671
Licensee/Licensee Designee:	N/A
Administrator:	Muse Berhe
Name of Facility:	Senay AFC
Facility Address:	4901 Tressa Dr Lansing, MI 48910
Facility Telephone #:	(517) 342-4876
Original Issuance Date:	03/15/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/21/2026

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 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Licensee

- 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. The licensee 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:

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:
(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
(i) Nutrition and special diets.

During the on-site inspection I reviewed the employee files for direct care staff, Hana Soboka & Yonatan Tadese. Both files were missing documentation of being trained and competent in the areas of food safety and nutrition and special diets.

R 400.631 Health screenings.

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

During the on-site inspection I reviewed the employee file for Hana Soboka. This file was missing completion of a communicable disease screening.

R 400.637 Handling of resident funds and valuables.

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

During the on-site inspection I reviewed the resident records for Resident A and Resident B. These records were missing completed documentation accounting for monthly resident room and board payments. I could not verify whether the amount being agreed to on the *Resident Care Agreement* was the amount being paid by the residents.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(e) Verification of experience, highest level of education completed, and training.
(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.
(g) Beginning and ending dates of employment on separation.

During the review of the employee files I observed the files were lacking documentation of education, work experience, beginning and ending dates of employment, and reference checks.

R 400.647 Safety and maintenance of premises.

(11) Porches and decks that are 8 inches or more above grade must have deck railing in accordance with the local building code on the open sides.

During the on-site inspection I observed the licensee, Muse Berhe, had added a wheelchair ramp to the front porch. I remeasured the front porch distance to the ground and found the front porch to be 15 inches above grade. This porch will need to have handrails added to the open sides.

R 400.647 Safety and maintenance of premises.

(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.

During the on-site inspection I observed the basement staircase to be without handrails. Handrails will need to be added to this staircase.

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:

(a) Be trained in the proper handling and administration of medication.

In reviewing the employee files, I observed Hana Soboka's file was missing documentation of completed medication administration training. Mr. Berhe reported that Hana Soboka does work independent shifts at the facility. Medication administration training must be completed when a direct care staff provides resident care independently.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

During the review of Resident A and Resident B's resident records it was observed that the *Health Care Appraisals* for each resident were dated for more than 12 months prior to the inspection. Resident A's dated 6/28/25 and Resident B's dated 7/24/24. These *Health Care Appraisals* were not updated annually as required.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

During the review of Resident A and Resident B's resident records it was observed that the *Assessment Plan for AFC Residents* document for Resident A was dated 6/24/25 and Resident B's was dated 8/16/24. These documents were not updated at least annually as required.

IV. RECOMMENDATION

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

8/24/26

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Jana Lipps Date
Licensing Consultant