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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 21, 2022

Ellen Lewis Lewis Manor Homes Ltd. P.O Box 02369 Detroit, MI 48202

RE: License #: AL820007493

Lewis Manor Central 639 Hazelwood Detroit, MI 48202

Dear Ms. Lewis:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant

Horla Daniel

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 919-3003

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 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

**License #:** AL820007493

**Licensee Name:** Lewis Manor Homes Ltd.

**Licensee Address:** 639 Hazelwood

Detroit, MI 48202

**Licensee Telephone #:** (313) 268-5204

Licensee/Licensee Designee: Ellen Lewis

Administrator: Ellen Lewis

Name of Facility: Lewis Manor Central

Facility Address: 639 Hazelwood

Detroit, MI 48202

**Facility Telephone #:** (313) 268-5204

Original Issuance Date: 10/19/1975

Capacity: 14

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	Date of On-site Inspection(s):		03/19/2022	
Date of Bureau of Fire Services Inspection if applicable: 02/01/2022, 03/11/2022				
Date of Health Authority Inspection if applicable:				
Inspe	ection Type:	☐ Interview and Obs	servatio	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  1 Role:				
F	Medication pass / simulated pass observed? Yes $\square$ No $\boxtimes$ If no, explain. Full worksheet inspection Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain			
`	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
• [	Fire drills reviewed? Yes ⊠ No □ If no, explain.			
• [	Fire safety equipment	and practices observe	d? Yes	No ☐ If no, explain.
I	E-scores reviewed? (Special Certification Only) Yes No N/A In If no, explain.  Water temperatures checked? Yes No If no, explain.			
• I	ncident report follow-u	p? Yes⊠ No ☐ If	no, expl	ain.
• (	Corrective action plan ∈	compliance verified?	Yes 🛚	CAP date/s and rule/s:
• 1	Number of excluded er	nployees followed-up	?	N/A 🖂
• \	√ariances? Yes ☐ (nl	ease explain) No 🗍	N/A 🖂	

# III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

## R 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, Resident A's record reviewed did not contain a weight taken at admission.

A corrective action plan was requested and approved on 03/19/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Shatonla Daniel
Licensing Consultant

O3/21/2022

Date