



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2024

Betty Mackie
Bowers Adult Foster Care Inc
PO Box 19286
Detroit, MI 48219

RE: License #: AS820303642
Bowers AFC on Winston
19440 Winston
Detroit, MI 48219

Dear Ms. Mackie:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license 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,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820303642

Licensee Name: Bowers Adult Foster Care Inc

Licensee Address: 1929 Chalmers Drive West
Rochester Hills, MI 48309

Licensee Telephone #: (248) 608-8591

Licensee/Licensee Designee: Betty Mackie, Designee

Administrator: Sheila Hawkins

Name of Facility: Bowers AFC on Winston

Facility Address: 19440 Winston
Detroit, MI 48219

Facility Telephone #: (313) 387-4079

Original Issuance Date: 09/19/2011

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 00

No. of others interviewed 01 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
All residents were away from the home at the time of inspection.
- 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.
- 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:
207(2), 205(6), 401(1), 408(4) 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



03/20/24

Kara Robinson
Licensing Consultant

Date