



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 4, 2025

Theresa Lewis
10015 E Washington RD
REESE, MI 48757

RE: Application #: AM730418141
Lewis's AFC Home
1914 N Bond
Saginaw, MI 48602

Dear Theresa Lewis:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

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) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730418141
Licensee Name:	Theresa Lewis
Licensee Address:	10015 E Washington RD REESE, MI 48757
Licensee Telephone #:	(989) 753-1368
Administrator/Licensee Designee:	Theresa Lewis
Name of Facility:	Lewis's AFC Home
Facility Address:	1914 N Bond Saginaw, MI 48602
Facility Telephone #:	(989) 752-5811
Application Date:	01/04/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

10/31/2023	Inspection Completed-Fire Safety : A Please refer to AM730009474
01/04/2024	On-Line Enrollment
01/05/2024	PSOR on Address Completed
01/05/2024	Contact - Document Sent forms sent
02/14/2024	Contact - Document Received 1326/RI030
03/12/2024	File Transferred To Field Office
05/06/2024	Application Incomplete Letter Sent
10/18/2024	Inspection Completed-Fire Safety : A Please refer to AM730009474
07/03/2025	Inspection Completed On-site
07/03/2025	Inspection Completed-Env. Health : A
08/12/2025	Application Complete-On-site Needed
08/12/2025	PSOR on Address Completed
08/12/2025	Inspection Completed On-site
08/12/2025	Inspection Completed-BCAL Full Compliance
09/04/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lewis's AFC Home is an older two-story building located in the City of Saginaw, with access to city services including public transportation. The home has aluminum siding and a fence separating the property from the parking lot of the next-door grocery store. Parking is available on the left side of the home. This home has been previously licensed as an Adult Foster Care Home since 12/01/1997 when it was first licensed to

the previous owner, Karen Conquest. This property is zoned R-1, Single Family Residential, under Chapter 153, Section 153.180 of the City of Saginaw Code of Ordinances. This zoning classification permits the use of the property for Adult Foster Care Homes up to 6 adults. However, zoning records indicate that the previous use of the property was for an Adult Foster Care Medium Group Home (AFC 7-12) which permits up to 12 Adults. This home is “grandfather” for this type of use, designating the property as a Legal, Non-Conforming Use and allowing this use to continue.

The facility was inspected by the Bureau of Fire Services (BFS) and received approval on 10/18/2024 for the previous license, AM730009474. BFS has indicated the current licensee, Theresa Lewis, must submit further documentation to be in full compliance. Theresa Lewis has agreed to obtain all applicable BFS approvals prior to the expiration date of this temporary license (6 months from issuance). This home is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A pull-station is located on each floor of the facility.

The home has city water and sewer services. This home is heated by natural gas, which was inspected and approved on 09/03/2025 by a licensed HCAC company.

The main floor of the facility has a foyer in front entrance (7'7¼ x 7'7¼), a living room (23'2 x 25'2), kitchen (13'6 x 16'11) and upstairs sitting room at (10'11 x 16'), for a total of 765.41 square footage of space in the common areas of the home. The entrance to the basement is from the kitchen door.

There are (2) two-bed resident bedrooms located on the main floor, as is an employee bedroom. There is a full bathroom on this level as well. The second floor of the home has (4) 2-bed resident bedrooms and one full bath with shower. There is an exit from the second floor that leads downstairs and directly outside. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 12'8.25	145.80 sq. ft.	2
2	12' x 14	168.00 sq. ft.	2
3	13'5 x 13'2	176.65 sq. ft.	2
4	12'11 x 10'11.5	149.59 sq. ft.	2
5	12'8.5 x 12.7	159.91 sq. ft.	2
6	12'2.5 x 11'5.25	139.61 sq. ft.	2

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

Theresa Lewis intends to provide 24-hour supervision, protection and personal care to twelve (12) male and/or female ambulatory adults over 18 years of age whose diagnosis is developmentally disabled, mentally impaired, physically disabled or who require foster care due to being of advanced age, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred to by local agencies or private individuals.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will ensure that transportation for programs and medical needs is provided. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

Applicant Theresa Lewis will be the licensee and administrator of this facility. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no lien convictions recorded for Theresa Lewis. Theresa Lewis also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff to 12 residents per shift. Live-in staff are available but not necessarily awake during sleeping hours. Theresa Lewis has noted that current residents do not require the supervision of awake staff during sleeping hours but also stated that awake staff would be provided if residents' need for supervision or care changed. Theresa Lewis indicated she does not intend to admit residents who require night-time staff to be awake.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is her intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges her responsibility to obtain all the required forms and signatures that are to be completed prior to or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend the issuance of a temporary license to this AFC adult large group home (capacity 7 to 12).



09/04/2025

Anthony Humphrey
Licensing Consultant

Date

Approved By:



09/04/2025

Mary E. Holton
Area Manager

Date