



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 2, 2026

John Lewis  
325 State Street  
Harbor Beach, MI 48441

RE: License #: AL320297229  
Investigation #: 2026A0623009  
Karen's Place

Dear John Lewis:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(517) 648-8877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL320297229
<b>Investigation #:</b>	2026A0623009
<b>Complaint Receipt Date:</b>	12/12/2025
<b>Investigation Initiation Date:</b>	12/12/2025
<b>Report Due Date:</b>	02/10/2026
<b>Licensee Name:</b>	John Lewis
<b>Licensee Address:</b>	325 State Street Harbor Beach, MI 48441
<b>Licensee Telephone #:</b>	(810) 767-6768
<b>Administrator:</b>	John Lewis
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Karen's Place
<b>Facility Address:</b>	325 State St. Harbor Beach, MI 48441
<b>Facility Telephone #:</b>	(989) 479-3465
<b>Original Issuance Date:</b>	10/23/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/12/2024
<b>Expiration Date:</b>	08/11/2026
<b>Capacity:</b>	13
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
This facility received a Bureau of Fire Services disapproval rating on 11/21/2025.	Yes
Additional Findings	No

## III. METHODOLOGY

12/12/2025	Special Investigation Intake 2026A0623009
12/12/2025	APS Referral I completed an APS referral.
12/12/2025	Special Investigation Initiated - Letter I initiated the investigation by completing an APS referral through the online portal.
12/18/2025	Contact - Document Received Email received from Bureau of Fire Services.
12/18/2025	Contact - Telephone call made I contacted Licensee John Lewis.
12/18/2025	Contact - Document Sent I sent an email to Bureau of Fire Services Supervisor Brent Connell.
01/06/2026	Contact - Document Received Contact document received BFS Inspector, Brandon Breneman
01/13/2026	Inspection Completed On-site Licensee John Lewis was present for facility inspection.
01/13/2026	Inspection Completed-BCAL Sub. Compliance
01/30/2026	Exit Conference I conducted an exit conference with Licensee John Lewis.
01/30/2026	Contact - Document Sent I sent an email to Bureau of Fire Services Inspector Brendan Breneman.

02/02/2026	Contact - Document Received I received an email from Bureau of Fire Services Inspector Brandon Breneman.
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**ALLEGATION:**

This facility received a Bureau of Fire Services disapproval rating on 11/21/2025.

**INVESTIGATION:**

On 12/12/2025, the local licensing office opened a licensing investigation on Karen's Place due to receiving a Bureau of Fire Services report dated 11/21/2025, that the home did not pass inspection on recheck.

These are the following deficiencies:

- Submit to this office a written plan of correction. No plan of correction received.
- Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Seasonal obstructions such as ice and snow shall not impede safe passage away from the facility to a point of safety. The rear exit does not lead to a public way. The porch is enclosed by a 3' high railing which impedes access to the exit stairs.
- No documentation of bi-monthly review of emergency plan.
- 2 fire drills were missed during the first quarter.
- Testing of required emergency lighting systems shall be tested in accordance with one of the options offered.
- No documentation of 30-second monthly testing.
- No documentation of 90-minute annual testing.

On 12/12/2025, I completed an Adult Protective Services (APS) referral. I shared information with APS.

On 12/12/2025, I initiated the investigation by completing an APS referral through the online portal. APS Centralized Intake denied the complaint for investigation.

On 12/18/2025, I received an email from Bureau of Fire Services (BFS) Supervisor Brent Connell. Supervisor Connell stated that his inspector (Brandon Breneman) was currently at the facility and the owner has failed to take care of any of the violations written on the report.

On 12/18/2025, I contacted Licensee John Lewis. Licensee Lewis stated that he did not receive the email that had the report from the Bureau of Fire Services, however upon re-checking his email, the report was there. Licensee Lewis stated that he is addressing these violations and will complete a corrective action plan and will send this to the Bureau of Fire Services.

On 12/18/2025, I sent an email to BFS Supervisor Brent Connell. I stated I had opened an investigation regarding the disapproval report. I will be following up with Licensee Lewis regarding the deficiencies.

On 01/06/2026, I received a document from Bureau of Fire Services Inspector Brandon Breneman. A fire safety inspection was completed on 12/23/2025. The following deficiency has not been corrected:

- Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Seasonal obstructions such as ice and snow shall not impede safe passage away from the facility to a point of safety. The rear exit does not lead to a public way. The porch is enclosed by a 3' high railing which impedes access to the exit stairs.
- Inspector comment: The railing that was cited in previous reports was removed, but the support column for the porch is still blocking the egress steps.

On 01/13/2026, I conducted an unannounced onsite inspection of the facility. I met with Licensee John Lewis. Licensee Lewis stated that he submitted his corrections regarding fire drills, bi-monthly review of emergency plan, and testing of required emergency lighting systems to the inspector. Licensee Lewis stated that the support column is going to take a minute because it needs to be moved and he has asked to have it completed before the end of April 2026. Licensee Lewis stated that he hopes to have it completed as soon as possible once the warmer weather comes to stay for a while. I completed a walkthrough of the home with Licensee Lewis and observed the support column on the back porch.

On 01/30/2026, I sent an email to Bureau of Fire Services Inspector Brandon Breneman. I followed up with Inspector Breneman regarding the deficiencies.

On 02/02/2026, I received an email from Bureau of Fire Services Inspector Brandon Breneman. Inspector Breneman stated that once the obstruction (support column) has been moved, and it has been verified, he will approve the inspection report. Inspector Breneman stated that Licensee John Lewis indicated he will fix the violation by the end of April 2026, however if there is warmer weather in March 2026, he will be able to fix it sooner.

On 01/30/2026, I conducted an exit conference with Licensee John Lewis. I explained my investigation and findings. Licensee Lewis agreed to complete a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	BFS issued a disapproval of this facility on 11/21/2025. Based on the interview with Licensee John Lewis; documentation from the Bureau of Fire Services Inspector Brandon Breneman, and my walkthrough of the home, there is enough evidence to establish a licensing rules violation. Karen's Place has multiple deficiencies that need to be addressed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the licensing status of this AFC large group home.

*Cynthia Badour*

02/02/2026

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Cynthia Badour  
Licensing Consultant

Date

Approved By:

*Mary Holton*

02/02/2026

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Mary E. Holton  
Area Manager

Date