



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 12, 2026

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 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.

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, MSW, 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: Shelia Hawkins

Administrator: Shelia 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

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

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 gone to Program.
- 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:
Full compliance 2024 and 2022 renewals 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 400.647 Safety and maintenance of premises.

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

Observed a broken window in the back bedroom; the exterior window pane is detached from the frame, and the crank handle is completely broken.

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.

(b) Complete an individual medication log that contains all of the following:

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process must include the resident's prescribing licensed health care professional and resident, resident's designated representative, and responsible agency if applicable.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the

resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.

(f) Contact the resident's licensed health care professional or the appropriately licensed health care professional who prescribed the medication when a medication error occurs.

(g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.

Observed 8am medication was not signed out on 2/26/26.

A corrective action plan was requested and approved on 03/04/2026. 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.



03/12/26

Kara Robinson
Licensing Consultant

Date