



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 19, 2026

Donyal Lewis  
196 John McCoy Drive  
Benton Harbor, MI 49022

RE: License #: AF110419351  
**Jessie's Place**  
**196 John McCoy Drive**  
**Benton Harbor, MI 49022**

Dear Mr. Lewis:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing, and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
[gillr@michigan.gov](mailto:gillr@michigan.gov)  
(517) 980-1433

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

**I. IDENTIFYING INFORMATION**

**License #:** AF110419351

**Licensee Name:** Donyal Lewis

**Licensee Address:** 196 John McCoy Drive  
Benton Harbor, MI 49022

**Licensee Telephone #:** (269) 369-2594

**Name of Facility:** Jessie's Place

**Facility Address:** 196 John McCoy Drive  
Benton Harbor, MI 49022

**Facility Telephone #:** (269) 369-2594

**Original Issuance Date:** 11/06/2025

**Capacity:** 3

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/16/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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: 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 400.635                      Fiscal ability and competence.**

**(3) A licensee shall have the financial and administrative capability to operate a facility to provide the level of care and program stipulated in the program statement.**

Licensee did not admit a resident within six months of the temporary license being issued. Michigan Department of Licensing and Regulatory Affairs – Bureau of Community and Health Systems was unable to determine compliance with administrative rules related to quality of care.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



4/19/26

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Rodney Gill  
Licensing Consultant

Date