



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 14, 2026

Charlotte Coleman-White  
Lewisite Inc  
424 Saint Johns  
Wyandotte, MI 48192

RE: License #: AS820014306  
Investigation #: 2026A0116026  
Lewisite II

Dear Ms. Coleman-White:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820014306
<b>Investigation #:</b>	2026A0116026
<b>Complaint Receipt Date:</b>	04/16/2026
<b>Investigation Initiation Date:</b>	04/16/2026
<b>Report Due Date:</b>	06/15/2026
<b>Licensee Name:</b>	Lewisite Inc
<b>Licensee Address:</b>	424 Saint Johns Wyandotte, MI 48192
<b>Licensee Telephone #:</b>	(734) 285-6864
<b>Administrator:</b>	Charlotte Coleman-White
<b>Licensee Designee:</b>	Charlotte Coleman-White
<b>Name of Facility:</b>	Lewisite II
<b>Facility Address:</b>	424 Saint Johns Wyandotte, MI 48192
<b>Facility Telephone #:</b>	(734) 285-6864
<b>Original Issuance Date:</b>	07/22/1985
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/16/2024
<b>Expiration Date:</b>	07/15/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Staff, Debra Cook, eats and drives, holds her cell phone and talks on the phone while driving, runs stop signs, has almost had multiple accidents while driving the residents around and was recently pulled over for speeding.	Yes
There is no hot water in the sink downstairs. Water does not stay hot after staff wash clothes and dishes. The water does not work in the upstairs bathtub.	No
The home is not being cleaned, the floors are dirty and not being vacuumed.	No
<ul style="list-style-type: none"> <li>• The windows upstairs need to be repaired as there are strings hanging from them and they are no longer sealed causing the home to be cold during the winter.</li> <li>• All of the doors are crooked and are hard to open and close.</li> </ul>	No
Handrail on the stairway is weak.	No
Fuse box blows out when multiple appliances are used.	No
Resident bedrooms have burned out light bulbs preventing them from reading.	No
The smoke/fire alarm goes off all night.	No

*\*All allegations reported will not be addressed as they are not rule related. \**

**III. METHODOLOGY**

04/16/2026	Special Investigation Intake 2026A0116026
04/16/2026	Referral - Recipient Rights
04/16/2026	APS Referral Made.
04/16/2026	Special Investigation Initiated - Letter

	Made referrals to APS and ORR.
04/21/2026	Inspection Completed On-site Home manager Bernice James, Licensee designee, Charlotte Coleman-White, Residents A-D and conducted a walk-through of the home.
04/23/2026	Contact - Telephone call received Recipient rights, April Dudley.
04/24/2026	Contact - Telephone call made Staff, Debra Clark.
05/01/2026	Contact-Telephone call made Electrician, Gary Whitcomb.
05/01/2026	Exit Conference Licensee designee, Charlotte Coleman-White.
05/01/2026	Inspection Completed-BCAL Sub. Compliance

**ALLEGATION:**

**Staff, Debra Cook, eats and drives, holds her cell phone and talks on the phone while driving, runs stop signs, has almost had multiple accidents while driving the residents around and was recently pulled over for speeding.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James, licensee designee, Charlotte Coleman-White, and Residents A-D. Ms. James reported that none of the residents have ever reported to her that staff, Debra Cook, holds her cell phone and drives, eats and drives runs stop signs or has almost had accidents while transporting them. She reported that the first time she heard any of this was yesterday (04/20/26) when Ms. Dudley from the office of recipient rights came to the home to investigate these same allegations. Ms. James reported that she and licensee designee, Ms. Coleman-White, have spoken to Ms. Cook about the allegations and have removed her from the schedule at the request of recipient rights. Ms. James reported that Ms. Cook has worked in the home for 30 years and the residents love her, which is likely why they did not disclose her actions to her or any of the staff.

I interviewed licensee designee, Charlotte Coleman-White, and she reported that none of the residents reported any of these allegations to her or her staff. She reported that she became aware of the allegations after recipient rights investigator,

April Dudley, visited the home on 04/20/26. She reported that she has spoken with staff, Debra Cook, and will be amending the internal transportation policy to address staff expectations in more depth and the consequences for not adhering to the policy. Ms. Coleman-White reported that she takes these allegations seriously and reported that it is likely some of them are true. Ms. Coleman-White reported that Ms. Cook is off the schedule or is only permitted to work with another staff. She is currently not transporting residents.

Resident A reported that staff, Debra Cook, is a horrible driver, is constantly eating and driving, holding her cell phone in her hand and talking on the phone, never uses the hand free option, runs stop signs and was pulled over on 02/01/26 for going 44 mph in a 35 mph zone. Resident A reported the officer did not give her a ticket, instead let her off with a warning. Resident A reported that the other residents love Ms. Cook and will likely deny the allegations.

Resident B reported that Ms. Cook is a pretty good driver, however admitted, that she does eat and drive sometimes and talks on her phone. She reported that the police recently pulled Ms. Cook over for speeding but only gave her a warning. Resident B reported that Ms. Cook is a great staff who really cares about them.

Resident C denied the allegations and reported that she knows one of the residents who live in the house made these allegations because she does not like Ms. Cook and is miserable. Resident C reported that Ms. Cook is one of the best staff she has ever had and she is comfortable riding in the vehicle with her and has nothing more to add.

Resident D reported that Ms. Cook and all the staff are amazing people and treat all the residents good. Resident D reported that Ms. Cook was recently pulled over while driving them to an outing as she was speeding. Resident D reported she was not ticketed. Resident D reported that she cannot speak to Ms. Cook eating and driving or holding her cell phone while driving as she has not witnessed any of that. She also denied that they have almost had accidents or that Ms. Cook had run through stop signs. Resident D reported that she feels safe while riding in the vehicle with Ms. Cook.

On 04/23/26, I interviewed recipient rights investigator, April Dudley. Ms. Dudley reported that she will be substantiating this allegation after speaking with the residents and Ms. Cook. Ms. Dudley reported that licensee designee, Ms. Coleman-White, reported that Ms. Cook is in violation of their internal transportation policy due to her actions on the road, while responsible for the care of residents, and will be disciplined.

On 04/24/26, I interviewed staff, Debra Cook, and she denied the allegations as reported. She reported that she was pulled over but denied it was for speeding. Ms. Cook kept changing her story as to how and why she was pulled over and appeared to be making excuses for her actions. Ms. Cook denied that she eats and drives, holds

her cell phone and talks while driving, runs stops signs or almost has accidents while transporting residents. Ms. Cook confirmed that she has not worked alone with the residents since the initiation of the recipient rights investigation and is unable to currently transport the residents.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation as well as the specific rule cited. Ms. Coleman-White reported an understanding. Ms. Coleman-White reported that Ms. Cook will be disciplined and reported that she has already reviewed the internal safe driving practices with Ms. Cook and re-iterated that her actions while transporting the residents were unacceptable.

<b>APPLICABLE RULE</b>	
<b>R 400.681</b>	<b>Resident rights; licensee responsibilities.</b>
	<b>(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.</b>
<b>ANALYSIS:</b>	Based on the findings of the investigation, which included interviews with home manager, Bernice James, licensee designee, Charlotte Coleman-White, Residents A-D and recipient rights investigator, April Dudley, there is a preponderance of evidence to substantiate that through staff, Debra Cook, actions while transporting residents, she did not ensure they were protected and safe.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**There is no hot water in the sink downstairs. Water does not stay hot after staff wash clothes and dishes. The water does not work in the upstairs bathtub.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James, licensee designee, Charlotte Coleman-White, Residents A-D and checked the temperature at the kitchen and bathroom sinks. Ms. James and Ms. Coleman-White both reported that all of the faucets throughout the home are operable and are at the required 105-120 degrees. Ms. James reported that there may be instances where the water may not be as hot as some residents may like it, after staff has washed several loads of clothes, ran the dishwasher, and after

resident showers etc. However, Ms. James reported that the water temperature is where it is supposed to be throughout the home.

Residents A reported that the water isn't always as hot as it should be after staff wash clothes, runs the dishwasher and after multiple residents shower. Resident A reported that there is no hot water in the sink downstairs and that the water does not work in the bathtub upstairs.

Residents B-D all denied the allegations and reported that the water is always hot when they shower and that the water works in all of the bathrooms.

I tested the water temperature in the kitchen sink and both bathrooms. The water tested at 115 degrees Fahrenheit in all areas. I also observed the upstairs bathtub faucet working as well as the hot water in the bathroom on the main floor of the home.

On 04/23/26, I interviewed recipient rights investigator, April Dudley, and she reported when she conducted her inspection on 04/20/26, the water throughout the home was working and she also tested the water temperature and noted no concerns.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation. Ms. Coleman-White agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.645</b>	<b>Environmental health.</b>
	<b>(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.</b>
<b>ANALYSIS:</b>	Based on the findings of the investigation, which included interviews of home manager, Bernice James, licensee designee, Charlotte Coleman-White, Residents A-D, recipient rights investigator, April Dudley, and my observation, there is not a preponderance of evidence to substantiate the allegations that the water is not operable though out the home and is not hot. I tested the water in the kitchen and bathrooms and the hot water tested at 115 degrees Fahrenheit.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The home is not being cleaned, the floors are dirty and not being vacuumed.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James, licensee designee, Charlotte Coleman-White, and Residents A-D. Ms. James and Ms. Coleman-White reported that the home is always cleaned. They reported that the floors are mopped and carpets vacuumed. They both reported that all of the allegations come from a specific resident who is not happy in the home and wants to move. Ms. Coleman-White reported that she will be issuing a 30-day discharge to the resident.

I observed the entire home during my onsite inspection and the home was immaculate. The floors were clean and I did not observe any area of the home that required vacuuming/sweeping.

I interviewed Resident A and she reported that the home is clean most days and reported that there is only one staff that mops.

I interviewed Residents B-D and they all reported that the way the home looks today is always how it looks. They reported that the staff clean and maintain the home and they each keep their bedrooms clean. Resident B reported that the staff also assist them in maintaining the cleanliness of their bedrooms.

On 04/23/26, I interviewed recipient rights investigator, April Dudley, and she reported that when she conducted her unscheduled inspection on 04/20/26, the home was clean and well-kept and she had no concerns.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation. Ms. Coleman-White agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.</b>

<b>ANALYSIS:</b>	Based on the findings of the investigation which included interviews with home manager, Bernice James, licensee designee, Charlotte Coleman-White, Residents A-D, recipient rights investigator, April Dudley, and my observation, there is not a preponderance of evidence to substantiate the allegation that the floors are dirty and the home is not being cleaned.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

- **The windows upstairs need to be repaired as there are strings hanging from them and they are no longer sealed causing the home to be cold during the winter.**
- **All of the doors are crooked and are hard to open and close.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James, licensee designee, Charlotte Coleman-White, and Residents A-D. Ms. James and Ms. Coleman-White reported that the windows to their knowledge do not have anything hanging from them and are sealed. They both denied that any of the residents have complained to them about their windows being drafty or their bedrooms being cold. They both denied that the doors in the home are crooked or hard to open or close.

I interviewed Resident A and she reported that because the windows are not properly sealed the home was cold during the winter months and she observed strings hanging from them. I looked at the windows in Resident A's bedroom and did not observe any strings hanging from them. I did not feel any air coming from the windows. Resident A also reported that the doors, in her opinion, were crooked and hard to open and close.

I interviewed Residents B-D and they reported that they have not looked at the windows, so they are unaware if anything is hanging from them. They reported that the home is warm in the winter and cool in the summer. Residents B-D also reported that the doors open and close like normal doors do and they have not had any issues opening or closing any of them.

I looked at the windows upstairs and did not see anything hanging from any of the windows and they appeared weathertight. I opened and closed all of the bedroom

doors as well as the two approved means of egress and found them to be functioning properly.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation and she agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.</b>
<b>ANALYSIS:</b>	Based on the findings of the investigation, which included interviews with home manager, Bernice James, licensee designee, Charlotte Coleman-White, Residents A-D and my observation, there is not a preponderance of evidence to substantiate the allegations that the windows have strings hanging from them, are not sealed and that all the doors are crooked and hard to open and close.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Handrail on the stairway is weak.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James. Ms. James reported that the handrail to her knowledge is not weak or loose. I observed and tested the handrail while ambulating up the stairs. The handrail was securely fastened to the stairs and was sturdy. Ms. James reported that she would have their maintenance man come to the home to see if there was anything additional, he could do to the handrail to make it even more secure.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation. Ms. Coleman-White agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.</b>
<b>ANALYSIS:</b>	Based on the findings of the investigation, which included an interview with home manager, Bernice James, and my observation, there is not a preponderance of evidence to substantiate the allegations that the handrail on the stairway is weak.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Fuse box blows out when multiple appliances are used.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James, licensee designee, Charlotte Coleman-White and Residents A-D. Ms. James and Ms. Coleman-White denied the allegations and presented verification of their most recent electrical inspection that was conducted on 04/01/26 and everything was found to be in good working order. I also asked Ms. James to run the vacuum, the microwave and coffee maker at the same time, and during the time all appliances were on, there were no issues with the fuse box.

I interviewed Resident A and she reported that there have been times when the fuse box trips when too many appliances are being used. Resident A was unable to recall when this last occurred. I interviewed Residents B-D, and they reported that they could not recall a time when the fuse box tripped causing any outages in the home. Resident B reported that all the allegations being reported are total lies.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation, Ms. Coleman-White agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.649</b>	<b>Electrical service.</b>
	<b>Electrical service must be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service must be inspected by a qualified electrical inspection service and a copy of the inspection report must be maintained for 2 years.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, which included interviews with home manager, Bernice James, licensee designee, Charlotte White-Coleman, Residents A-D and my observation there is not a preponderance of evidence to substantiate the allegation that the fuse box blows out when multiple appliances are used.</p> <p>The homes electrical system was professionally inspected on 04/01/26 and found to be in good working condition, further during my onsite inspection, with multiple appliances on, the fuse box did not blow out/trip.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident bedrooms have burned out light bulbs preventing them from reading.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James and Residents A-D. Ms. James reported to her knowledge all of the lights in each resident bedroom are working and provide ample lighting for reading. Ms. James escorted me to each resident's bedroom and turned the lights on. All of the light fixtures were working and provided ample lighting. Ms. James

reported that she would have all of the light bulbs changed out with new ones so there are no further issues.

Resident A reported that there have been times when the lightbulbs have been burned out which makes it impossible to read. Resident A reported when she tells the staff about it, they take their time replacing the bulb.

I interviewed Residents B-D and they reported that the lighting in their bedrooms is fine and they have no issues reading or seeing. Resident C reported that even if one of the bulbs go out, the light from the other bulb is still bright enough for her to read. They reported that if they had an issue, they would inform the staff and they would address it. Resident B reported they stay on top of those types of things.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation. Ms. Coleman-White agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.661</b>	<b>Bedroom furnishings.</b>
	<b>(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.</b>
<b>ANALYSIS:</b>	Based on the findings of the investigation, which included interviews of home manager, Bernice James, Residents A-D and my observation, there is not a preponderance of evidence to substantiate the allegation that resident bedrooms have burned out light bulbs preventing them from reading.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The smoke/fire alarm goes off all night.**

**INVESTIGATION:**

On 04/21/26, I conducted an unscheduled onsite inspection and interviewed home manager, Bernice James, licensee designee, Charlotte Coleman-White, and Residents A-D. Ms. James and Ms. Coleman reported that the smoke alarms are

not going off all night. Ms. Coleman-White reported that the sporadic chirping noise that is heard is coming from an alarm from the old smoke detection system and reported she had a brand new system installed last summer. Ms. Coleman-White reported that she has contacted her electrician so that he can figure out how to cut or disengage the wiring on the one detector that was hard wired from the old system.

Resident A reported that the alarm is going off and she is tired of hearing it. I asked Resident A if she was referring to the sporadic chirping noise and she reported no. Resident A reported it is the fire alarm. Resident A did not provide any additional information regarding the alarm, what it sounds like or the length of time it stays on.

I interviewed Residents B-D, and they reported that there has not been any alarms going off at night or during the day. They all reported that sometimes they will hear a chirping noise coming from the smoke detector but denied that is a daily occurrence.

On 05/01/26, I interviewed electrician, Gary Whitcomb, and he reported that he was at the home a few days ago and was able to disconnect the wire from the carbon monoxide detector that was hardwired as a part of the old smoke detection system. Mr. Whitcomb reported it was not a smoke detector. Mr. Whitcomb reported that the new system is functioning properly. He added that he does a lot of work in licensed group homes and knows the rule requirements for smoke detection systems among other things.

On 05/01/26, I conducted the exit conference with licensee designee, Charlotte Coleman-White, and informed her of the findings of the investigation. Ms. Coleman-White agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.715</b>	<b>Facility environment; fire safety, adoption by reference.</b>
	<b>(1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and</b>

	<b>inspected annually. A record of the inspections must be maintained at the facility for 2 years.</b>
<b>ANALYSIS:</b>	<p>Based on the findings of the investigation, which included interviews with home manager, Bernice James, licensee designee, Charlotte Coleman-White, Residents A-D, and electrician, Gary Whitcomb, there is not a preponderance of evidence to substantiate the allegation that the smoke/fire alarms goes off all night.</p> <p>Electrician, Gary Whitcomb, confirmed that the new smoke detection system is functioning properly and reported that the sporadic chirping noise was coming from a carbon monoxide detector that was hard wired and attached to the old system. Mr. Whitcomb disconnected the wiring, and the detector is no longer operable.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



05/06/26

Pandrea Robinson  
Licensing Consultant

Date

Approved By:



05/14/26

Ardra Hunter  
Area Manager

Date