



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2026

Ellen Lewis
Lewis Manor Homes Ltd.
P.O Box 02369
Detroit, MI 48202

RE: License #: AL820007514
Lewis Manor NW
1625 Webb
Detroit, MI 48206

Dear Ms. Lewis:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license and special certification are renewed. The regular license and special certification is valid only at your present address and is nontransferable.

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #:	AL820007514
Licensee Name:	Lewis Manor Homes Ltd.
Licensee Address:	639 Hazelwood Detroit, MI 48202
Licensee Telephone #:	(313) 268-5204
Licensee/Licensee Designee:	Ellen Lewis
Administrator:	Ellen Lewis
Name of Facility:	Lewis Manor NW
Facility Address:	1625 Webb Detroit, MI 48206
Facility Telephone #:	(313) 883-6017
Original Issuance Date:	10/31/1977
Capacity:	13
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/30/2026

Date of Bureau of Fire Services Inspection if applicable: 12/18/2025

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Staff was preparing lunch
- 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:
408 (4) and 403 (12) 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult large group home (capacity 13-20).



07/01/2026

Shatonla Daniel
Licensing Consultant

Date