



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 14, 2022

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

RE: License #: AL820007494  
**Lewis Manor West**  
**1707 Calvert**  
**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 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 Pl. Ste 9-100  
3026 W. Grand Blvd  
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**

<b>License #:</b>	AL820007494
<b>Licensee Name:</b>	Lewis Manor Homes Ltd.
<b>Licensee Address:</b>	639 Hazelwood Detroit, MI 48202
<b>Licensee Telephone #:</b>	(313) 268-5204
<b>Licensee/Licensee Designee:</b>	Ellen Lewis
<b>Administrator:</b>	Ellen Lewis
<b>Name of Facility:</b>	Lewis Manor West
<b>Facility Address:</b>	1707 Calvert Detroit, MI 48206
<b>Facility Telephone #:</b>	(313) 268-5204
<b>Original Issuance Date:</b>	09/30/1989
<b>Capacity:</b>	16
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/08/2022

Date of Bureau of Fire Services Inspection if applicable: 03/11/2022

Date of Health Authority Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☐ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Facility has no residents since 11/2021
- 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.  
Facility has no residents since 11/2021
- 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.  
Facility has no residents since 11/2021
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



06/14/2022

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Shatonla Daniel  
Licensing Consultant

Date