



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 6, 2022

James Lewis Sr.
5110 Camborne Ct
Flint, MI 48504

RE: License #: AF250302289
Harvard Manor AFC
1050 E Harvard Ave
Flint, MI 48505

Dear Mr. Lewis Sr.:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is stylized with a large, looping "H" and a long, sweeping underline.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AF250302289
Licensee Name:	James Lewis Sr.
Licensee Address:	1050 E Harvard Ave Flint, MI 48505
Licensee Telephone #:	(810) 789-8724
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Harvard Manor AFC
Facility Address:	1050 E Harvard Ave Flint, MI 48505
Facility Telephone #:	(810) 210-5868
Original Issuance Date:	08/25/2009
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/03/2022

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

Date of Health Authority Inspection if applicable: N/A

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

No. of staff interviewed and/or observed

2

No. of residents interviewed and/or observed

No. of others interviewed

Role:

- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

A handwritten signature in black ink, reading "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

06/06/2022

Anthony Humphrey
Licensing Consultant

Date