



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 20, 2023

Leroy Sims  
19371 Gaylord Street  
Redford, MI 48240

RE: License #: AF820395386  
**LWR**  
**2956 Calvert**  
**Detroit, MI 48206**

Dear Mr. Sims:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

**License #:** AF820395386

**Licensee Name:** Leroy Sims

**Licensee Address:** 19371 Gaylord Street  
Redford, MI 48240

**Licensee Telephone #:** (313) 740-7752

**Licensee/Licensee Designee:** N/A

**Administrator:**

**Name of Facility:** LWR

**Facility Address:** 2956 Calvert  
Detroit, MI 48206

**Facility Telephone #:** (313) 334-5728

**Original Issuance Date:** 05/13/2019

**Capacity:** 5

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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:  
CAP Dated 10/27/2021 R 400.1405 (2), R 400.1438 (4) 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 400.1407**            **Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.**

**(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

At the time of inspection:

- Residents A, B, and C resident files did not contain an annual 2022 health care appraisal.
- Resident B's resident file did not contain an annual 2023 health care appraisal.

**R 400.1416**            **Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

At the time of inspection, Residents A, B, and C resident files did not contain monthly weights in November or December of 2021.

**R 400.1426**            **Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition.**

At the time of inspection, the premises was not maintained in a clean condition.

- The carpet was heavily stained throughout the home.
- The bathroom was dirty with heavy soap scum throughout.
- The kitchen was dirty.

**R 400.1426                    Maintenance of premises.**

**(4) Floors, interior walls, and ceilings shall be sound, in good repair, and maintained in a clean condition.**

At the time of inspection, the Northwest resident bedroom wall was not in good repair. There is a crack from the ceiling down the wall near the doorframe.

**R 400.1440                    Heat producing equipment.**

**(3) Where conditions indicate a need for inspection, heat-producing equipment shall be inspected by a qualified inspection service. If there are violations, a copy of the inspection report shall be submitted to the department, together with a written corrective action plan. A copy of the certificate of approval from the qualified inspection service shall be maintained in the home and available for department review.**

At the time of inspection, water was observed near the boiler. The boiler was not inspected during this renewal period.

**R 400.1440                    Heat producing equipment.**

**(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially fully stopped wood or steel frame and which is so constructed to effectively stop the spread of smoke and fire. The door shall be equipped with an automatic self-closing device and positive-latching hardware.**

At the time of inspection, the fire door was not equipped with an automatic self-closing device.

A corrective action plan was requested and approved on 10/18/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/20/2023

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Denasha Walker  
Licensing Consultant

Date