



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 12, 2023

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

RE: License #: AL820007514  
Investigation #: 2024A0901003  
Lewis Manor NW

Dear Ellen Lewis:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 black ink that reads "Regina Buchanan". The signature is written in a cursive, flowing style.

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL820007514
<b>Investigation #:</b>	2024A0901003
<b>Complaint Receipt Date:</b>	10/12/2023
<b>Investigation Initiation Date:</b>	10/16/2023
<b>Report Due Date:</b>	12/11/2023
<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>Administrator:</b>	Ellen Lewis
<b>Licensee Designee:</b>	Ellen Lewis
<b>Name of Facility:</b>	Lewis Manor NW
<b>Facility Address:</b>	1625 Webb Detroit, MI 48206
<b>Facility Telephone #:</b>	(313) 268-5204
<b>Original Issuance Date:</b>	10/31/1977
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	06/15/2022
<b>Expiration Date:</b>	06/14/2024
<b>Capacity:</b>	13

<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
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## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A has lost over 30 pounds.	No
The residents at the home are not receiving nutritional meals or enough food.	No
The licensee designee is taking money from Resident A's check he receives from attending STEP program.	No
Additional Findings	Yes

## III. METHODOLOGY

10/12/2023	Special Investigation Intake 2024A0901003
10/16/2023	Special Investigation Initiated - On Site
10/19/2023	Contact - Telephone call made Takia Adams, Case Manager
10/20/2023	Contact - Telephone call made Licensee Designee, Ellen Lewis
10/25/2023	Contact - Document Received Fax
11/09/2023	Contact - Telephone call made Resident A
11/09/2023	Contact - Telephone call made Takia Adams, Case Manager
11/13/2023	Contact - Telephone call made Licensee Designee, Ellen Lewis
11/20/2023	Contact - Document Received

	Fax
12/06/2023	Inspection Completed-BCAL Sub. Compliance
12/08/2023	Exit Conference Licensee Designee, Ellen Lewis

**ALLEGATION:**

**Resident A has lost over 30 pounds.**

**INVESTIGATION:**

On 10/16/2023, I conducted an unannounced onsite inspection at the facility and interviewed the home manager, Kim Gardner. Resident A was in the hospital at the time. Kim stated Resident A was placed in the home in February 2023 and has always been very slim. It was reported that he loss some weight due to being ill and it was affecting his appetite, but he did not lose an alarming amount of weight. Resident A was hospitalized at Receiving hospital on 10/10/2023. Kim agreed to send me copies of his weight records and health appraisal.

On 10/19/2023, I made a telephone call to Resident A's case manager, Takia Adams, from Development Centers. Takia reported first noticing weight loss in Resident A during May 2023 and reported bringing it to staff's attention. Takia was not sure when staff was notified or who was spoken to. Based on Takia's documentation Resident A weighed 193 lbs in February 2023, 174 lbs in May 2023, and 167 lbs in September 2023. Takia reported having another resident placed in the same home, but stated there has not been any change in his weight. Resident A does not have a guardian.

On 10/20/2023, I made a telephone call to the licensee designee, Ellen Lewis. Ellen stated Resident A has always been a slim person with a big appetite. Due to a decrease in his appetite and energy level, they were concerned and sent him to the hospital earlier this month. Prior to him becoming ill, they did not have any concerns with his health or weight.

On 10/25/2023, I received a fax from Ellen that consisted of Resident A's weight record which recorded weights from May 2023 through October 2023. His weight in May was 163 lbs and 141 lbs in October. There was not a significant variation in his weight during May through September. The most weight lost occurred from 09/01/2023 to 10/23/2023 where he went from 156 lbs to 141 lbs. However, he was hospitalized 10/10/2023-10/23/2023. I also received a copy of Resident A's discharge paperwork from the hospital. It confirmed his hospitalization from

10/10/2023-10/23/2023. He was diagnosed with acute respiratory failure with hypoxia. His weight at the time of discharge was 138.89 lbs.

On 11/09/2023, I made a telephone call to Resident A. He denied losing a lot of weight. He stated he has never been a big person and prior to getting ill, he ate good. He also stated staff weighed him every month and if there was a problem with his weight they would have known. Resident A stated he did not start losing weight until he took ill. His appetite changed and he had stopped eating. Staff noticed he was not eating like he used to and that he was losing weight. They started questioning him about his health and sent him to the hospital. Resident A reported being diagnosed with pneumonia.

On 11/13/2023, I made a telephone call to Ellen and inquired about Resident A's weight records prior to May 2023. I was informed that there were 2 pages. Ellen thought both pages had been sent and agreed to send the other.

On 11/20/2023, I received a fax from Ellen that consisted of Resident A's other weight record. It documented weights from admission 02/28/2023, which was 166 lbs, and during March and April it was 165 lbs.

<b>APPLICABLE RULE</b>	
<b>R 400.15310</b>	<b>Resident health care.</b>
	<b>(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.</b>

<b>ANALYSIS:</b>	Based on the information obtained during this investigation, there is insufficient evidence to corroborate that Resident A lost significant weight and it was not addressed. The weights reported by the case manager and the weights recorded by the home were inconsistent. In addition to this, the dates for the weights the case manager provided were sporadic and the weights provided by the home were from admission to current. Resident A reported his weight was consistent and he was not losing weight until he became ill, which was also reported by the home manager and licensee designee. Review of his weight records and hospital discharge papers shows the biggest weight lost occurred from 09/01/2033-10/23/2023, which was 18 lbs. During part of this time, he was ill and hospitalized. Furthermore, staff reacted appropriately to the change in his physical condition and got medical care. Resident A reported staff noticed he was losing weight and a decreased in his appetite and took him to the hospital.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The residents at the home are not receiving nutritional meals or enough food.**

**INVESTIGATION:**

On 10/16/2023, I conducted an unannounced onsite inspection at the facility. The home manager Kim Gardner was present and denied the allegations. Kim stated the residents receive 3 meals a day. They provide snacks but do not buy junk food due to the residents' ages and their health needs. If they want a snack they are welcomed to things like fruit and vegetables and other healthy alternatives. I was shown the menus, which consisted of appropriate meals. Breakfast and lunch rotated weekly, and dinner changed weekly. Kim also showed me the food supply. An abundance of food was observed in the kitchen and basement. There was plenty of dry goods, canned goods, condiments, fresh fruits and vegetables, meat, bread, dairy items and other items.

During the onsite inspection on 10/16/2023, I interviewed Resident B-D separately. They each reported receiving 3 meals a day and snacks if they want one. Everyone reported getting enough to eat and stated they can have seconds if there is more. If there is not anymore left, they are given something else to eat.

On 10/19/2023, I made a telephone call to Resident A's case manager, Takia Adams, from Development Centers. Takia said Resident A complained about not liking the food and not having enough food options.

On 10/20/2023, I made a telephone call to Ellen Lewis, the licensee designee, who denied the allegations. Ellen reported the residents receive 3 complete meals a day and are welcomed to more if they want seconds. If there is not enough to give seconds and someone is still hungry, they offer them a substitute. They also provide healthy snacks, and the residents are welcomed to as much as they want when they want. Ellen stated prior to this complaint being made none of the residents complained to her or the home manager about the food. They recently had a meeting with the residents to discuss their concerns and since some of them complained that they would like to see more variety on the menu, they are in the process of changing it.

On 11/09/2023, I made a telephone call to Resident A. He reported getting enough to eat. He stated they always get 3 meals a day and snacks and can have seconds if they want. Resident A indicated he does not really have a problem with the food. He stated he does not always like what is on the menu but since he works and has money, he buys his own food if he does not want what they are serving.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>



<b>ANALYSIS:</b>	Based on the information obtained during this investigation, there is a lack of evidence to confirm the allegations. The residents interviewed, as well as the home manager and the licensee designee, denied the allegations. In addition to this, plenty of food was observed in the home; the menu was appropriate, and the residents reported getting enough to eat.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The licensee designee is taking money from Resident A's check he receives from attending STEP program.**

## **INVESTIGATION:**

On 10/16/2023, I conducted an unannounced onsite inspection at the facility. The home manager Kim Gardner was present. Kim explained that the licensee designee, Ellen Lewis, handles the funds. Therefore, Kim could not give much detail. However, it was explained that since Resident A's placement in the home, there has been an issue with his SSI. The funds part II forms were not kept at the facility.

On 10/19/2023, I made a telephone call to Resident A's case manager, Takia Adams, from Development Centers. Takia explained that Resident A gets SSI and that the amount was cut but she did not know why. Since his SSI was cut and does not cover his rent, Ellen had been taking money from his work check. Resident A attends Services to Enhance Potential program (STEP) and receives a check from that. Takia did not know how much money Resident A had paid Ellen from his work pay.

On 10/20/2023, I made a telephone call to Ellen. It was explained that when Resident A was placed in the home, they were not receiving payment due to a problem with his SSI. The previous home was not reporting his pay from STEP and this affected his SSI. When the issue was straightened out, his SSI checks were cut due to him owing Social Security money. Therefore, when payment was finally received for October 2023, it was not enough to pay his rent, so it was requested that Resident A pay the balance, \$104.00, from his STEP check, which he did.

On 10/25/2023, I received a fax from Ellen that consisted of Resident A's resident care agreement, his funds part II form, and payment letter for Social Security. The letter from Social Security documented the cut in payment and the funds part II sheet showed the \$104.00 Resident A paid Ellen.

On 11/09/2023, I made a telephone call to Resident A. He stated the money he receives from Social Security was cut before he came to Ellen's home and that she had been trying to help him get it straightened out. Resident A stated that everything was fine now, and that he was getting his checks monthly. He stated when he first started back getting his Social Security checks it was not enough to pay his rent, so he paid Ellen out of his STEP check. He could not remember how much but stated it was around \$100.00 and that he only paid it once.

On 11/13/2023, I made a telephone call to Ellen. I informed her that when a Resident receives Social Security, AFC homes cannot charge them for rent more than they receive from Social Security. I also emailed her information regarding this. Ellen was not aware and stressed they were not intentionally doing wrong or trying to take advantage of Resident A. Ellen thought that since he had a job it was ok to have him pay the remaining balance, but stated the money will be returned to him by check.

11/20/2023, I received a fax from Ellen, which was a copy of the check she gave to Resident A for the \$104 dollars she received from him.

<b>APPLICABLE RULE</b>	
<b>R 400.15315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(2) The care of any resident funds and valuables that have been accepted by a licensee for safekeeping shall be treated by the licensee as a trust obligation.</b>
<b>ANALYSIS:</b>	Based on the information obtained during this investigation, the allegations are not confirmed. Although the licensee designee charged Resident A during the month of October more than what he received from Social Security, when informed that this was not allowed, the money was returned.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 10/25/2023, I received from the licensee designee, Ellen Lewis, a faxed copy of Resident A's health appraisal. It was dated for 08/31/2021.

On 11/13/2023, I made a telephone call to Ellen and inquired about a recent health care appraisal, since Resident A was admitted to the home on 02/28/2023. Ellen stated that was the only one they had but that he recently saw the doctor since being discharged from the hospital and they would send the updated one.

On 11/20/2023, I received a faxed copy of Resident A's most recent health care appraisal which was dated for 11/03/2023.

<b>APPLICABLE RULE</b>	
<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before</b>

	<p><b>the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</b></p>
<b>ANALYSIS:</b>	<p>Based on the information obtained during this investigation, Resident A did not have a health care appraisal completed within 90 before of admission or no later than 30 days after emergency placement. He was admitted to the home on 02/28/2023 and did not receive a health care appraisal until 11/03/2023.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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



12/08/2023

Regina Buchanan  
Licensing Consultant

Date

Approved By:

A handwritten signature in black ink that reads "A. Hunter". The signature is written in a cursive style with a large initial "A" and a trailing flourish.

12/12/2023

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Ardra Hunter  
Area Manager

Date