



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2024

Charlotte Coleman-White
Lewisite Inc
424 Saint Johns
Wyandotte, MI 48192

RE: License #: AS820014306
Lewisite II
424 Saint Johns
Wyandotte, MI 48192

Dear Ms. Coleman-White:

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 and special certification 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 cursive script, 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 #:	AS820014306
Licensee Name:	Lewisite Inc
Licensee Address:	424 Saint Johns Wyandotte, MI 48192
Licensee Telephone #:	(734) 285-6864
Licensee/Licensee Designee:	Charlotte Coleman-White
Administrator:	Charlotte Coleman-White
Name of Facility:	Lewisite II
Facility Address:	424 Saint Johns Wyandotte, MI 48192
Facility Telephone #:	(734) 285-6864
Original Issuance Date:	07/22/1985
Capacity:	6
Program Type:	MENTALLY ILL
Certified Programs:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 1

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 7/01/2022 R 400.14301 (10), R 400.14507 (5), R 400.14507 (6)
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.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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



07/01/2024

Denasha Walker
Licensing Consultant

Date