



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 16, 2025

Phillip Mastrofrancesco  
Mastrofrancesco AFC Inc  
Suite #5  
23933 Allen Road  
Woodhaven, MI 48183

RE: License #: AS580012156  
**Lewis Home**  
**313 Armitage**  
**Monroe, MI 48161**

Dear Mr. Mastrofrancesco:

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 blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 319-9682

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS580012156   |
| <b>Licensee Name:</b>              | Mastrofrancesco AFC Inc                             |
| <b>Licensee Address:</b>           | Suite #5<br>23933 Allen Road<br>Woodhaven, MI 48183 |
| <b>Licensee Telephone #:</b>       | (737) 671-3654                                      |
| <b>Licensee/Licensee Designee:</b> | Phillip Mastrofrancesco                             |
| <b>Administrator:</b>              | Phillip Mastrofrancesco                             |
| <b>Name of Facility:</b>           | Lewis Home  |
| <b>Facility Address:</b>           | 313 Armitage<br>Monroe, MI 48161                    |
| <b>Facility Telephone #:</b>       | (734) 241-0321                                      |
| <b>Original Issuance Date:</b>     | 10/08/1992  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED                            |
| <b>Certified Programs:</b>         | DEVELOPMENTALLY DISABLED                            |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

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: Rule (315) (6) CAP dated 01/19/23 N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is fluid and cursive.

Pandrea Robinson  
Licensing Consultant

01/16/25  
Date