



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 28, 2025

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. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 456-0439.

Sincerely,

A handwritten signature in grey ink, appearing to read 'D 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:

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): 10/23/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
A full worksheet inspection was conducted.
- 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 10/18/2023 R40001407 (9), R400.1426 (1), R400.1426 (4),
R400.1440 (3), R400.1440 (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 found to be in non-compliance with the following rules:

R 400.1405 Health of a licensee, responsible person, and member of the household.

(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.

At the time of inspection, licensee Leroy Sims was unable to provide a statement signed by a licensed physician or his or her designee with regard to knowledge of his physical health and the responsible person, Yolanda Rendles.

R 400.1405 Health of a licensee, responsible person, and member of the household.

(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.

At the time of inspection, licensee Leroy Sims was unable to provide written evidence that he and the responsible person, Yolanda Rendles are free from communicable tuberculosis.

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's 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 and B's resident file did not contain a written health care appraisal within the 90-day period before the resident's admission. Resident A was admitted 4/25/2024, his health care appraisal was dated 12/12/2024. Resident B was admitted 9/30/2025, his resident file did not contain a health care appraisal.

R 400.1424 Environmental health.

(1) The water supply shall be adequate, of a safe and sanitary quality, and from an approved source. Hot and cold running water under pressure shall be provided.

At the time of inspection, the hot water temperature throughout the home was not safe, the kitchen temperature registered at 134.6 degrees Fahrenheit and 130.5 degrees Fahrenheit.

R 400.1426 Maintenance of premises.

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

At the time of inspection:

- The carpet throughout the home appeared worn and discolored.
- The kitchen floor is missing tiles.
- There is heavy dust and cobwebs throughout the home.
- The bath and shower area were not clean and there was soap scum throughout.
- The ceiling in the shower/bath area is warped and not in good repair.
- The east resident bedroom window is broken and not in good repair.
- The east resident bedroom window frame is dry rotted and not in good repair.
- The walls throughout the home were not clean and heavily stained.
- The patio subfloor is dry rotted and not in good repair.
- The living room area is not furnished with adequate seating.
- The wall in the stairwell leading to the heating plant has structural damage, it is cracked and not in good repair.

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 walls in the east resident bedroom are not in good repair and the wood is exposed.

R 400.1426 Maintenance of premises.

(9) Handrails and nonskid surfacing shall be installed in showers and bath areas.

At the time of inspection, the bath and shower area were not equipped with nonskid surfacing.

R 400.1433 Bedroom furnishings.

(3) A licensee shall provide a resident with a bed that is not less than 36 inches wide and 72 inches long, with comfortable springs in good condition, a clean protected mattress which is not less than 5 inches thick or 4 inches thick if of synthetic construction, and with a pillow.

At the time of inspection, the mattresses in the east resident bedroom were not well protected.

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 self-closing device and positive-latching hardware.

R 440.1440 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, a copy of the certificate of approval from the qualified inspection service was not available in the home and for department review.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



10/28/2025

Denasha Walker
Licensing Consultant

Date