GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2026

Theresa Lewis
10015 E Washington Rd
REESE, MI 48757

RE: Application #: AS730420357
Lewis AFC
1914 N Bond
Saginaw, MI 48602

Dear Theresa Lewis:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (517) 643-7960.

Sincerely,

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS730420357
Licensee Name:	Theresa Lewis
Licensee Address:	10015 E Washington Rd REESE, MI 48757
Licensee Telephone #:	(989) 928-3288
Administrator:	Theresa Lewis
Licensee Designee:	N/A
Name of Facility:	Lewis AFC
Facility Address:	1914 N Bond Saginaw, MI 48602
Facility Telephone #:	(989) 752-5811
Application Date:	02/27/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/27/2026	On-Line Enrollment
03/02/2026	Comment Sent an email to the applicant to confirm if they plan to change from a small group home 7-12 to a small group home 3-6.
03/02/2026	PSOR on Address Completed
03/02/2026	Contact - Document Sent App Inc letter sent via mail.
03/17/2026	Contact - Document Received 1326/RI030 Documents that could be accepted for the IRS letter. Email sent to Dana to confirm.
03/17/2026	Comment Email sent to Dana to see if we can accept the documents we received for the IRS letter.
03/18/2026	File Transferred To Field Office
04/03/2026	Application Complete/ On-site Needed
04/03/2026	Inspection Completed On-site
04/06/2026	Application Incomplete Letter Sent
06/30/2026	Inspection Completed On-site
06/30/2026	Inspection Completed-BCAL Full Compliance
06/30/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lewis AFC is an older two-story building located in the City of Saginaw, with access to city services including public transportation. The home has aluminum siding and a fence separating the property from the parking lot of the next-door grocery store. Parking is available on the left side of the home. This home has been previously licensed as a medium sized Adult Foster Care Home since 09/04/2025 and is now being converted down to a small group home. The applicant submitted an application to license this facility as a small group home. This property is zoned R-1, Single Family Residential, under Chapter 153, Section 153.180 of the City of Saginaw Code of Ordinances. This

zoning classification permits the use of the property for Adult Foster Care Homes up to 6 adults.

Lewis AFC is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A pull-station is located on each floor of the facility. This home has city water and sewer services and is heated by natural gas. The furnace and hot water heater were both inspected and approved on 09/03/2025 by a licensed HVAC company.

The main floor of the facility has a foyer in front entrance (7'7¼ x 7'7¼), a living room (23'2 x 25'2), kitchen (13'6 x 16'11) and upstairs sitting room at (10'11 x 16'), for a total of 765.41 square footage of space in the common areas of the home. The entrance to the basement is from the kitchen door.

There are two (2) single resident bedrooms located on the main floor, as well as an employee bedroom. There is also a full bathroom on this level. The second floor of the home has four (4) single resident bedrooms and one full bath with shower. There is an exit from the second floor that leads downstairs and directly outside. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Main Floor			
1	11'6 x 12'8 1/4	145.80 sq. ft.	1
2	7'11 x 11'6 1/2	168.00 sq. ft.	1
Upstairs			
3	13'5 x 13'2	176.65 sq. ft.	1
4	12'11 x 10'11 1/2	149.59 sq. ft.	1
5	12'8 1/2 x 12.7	159.91 sq. ft.	1
6	12'2 1/2 x 11'5. 1/4	139.61 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate twelve (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Theresa Lewis intends to provide 24-hour supervision, protection and personal care to six (6) female ambulatory adults over 18 years of age whose diagnosis is developmentally disabled, mentally impaired, physically disabled and/or aged, who require foster care due to being of advanced age, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal

adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred to by local agencies or private individuals.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will ensure that transportation for programs and medical needs is provided. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

Applicant Theresa Lewis will be the licensee and administrator of this facility. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no lien convictions recorded for Theresa Lewis. Theresa Lewis also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one staff to 6 residents per shift. Live-in staff are available but not necessarily awake during sleeping hours. Theresa Lewis has noted that current residents do not require the supervision of awake staff during sleeping hours but also stated that awake staff would be provided if residents' need for supervision or care changed. Theresa Lewis indicated she does not intend to admit residents who require night-time staff to be awake.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is her intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges her responsibility to obtain all the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

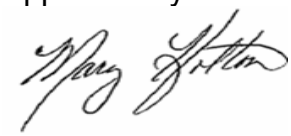
IV. RECOMMENDATION

I recommend the issuance of a temporary license to this AFC small group home (capacity 6).

06/30/2026

Anthony Humphrey — Date
Licensing Consultant

Approved By:



07/01/2026

Mary E. Holton — Date
Area Manager