



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 4, 2026

Theresa Lewis
10015 E Washington RD
REESE, MI 48757

RE: License #: AM730418141
Lewis's AFC Home
1914 N Bond
Saginaw, MI 48602

Dear Ms. Lewis:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink, reading "Anthony Humphrey".

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

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

I. IDENTIFYING INFORMATION

License #:	AM730418141
Licensee Name:	Theresa Lewis
Licensee Address:	10015 E Washington RD REESE, MI 48757
Licensee Telephone #:	(989) 753-1368
Licensee/Licensee Designee:	N/A
Administrator:	Theresa Lewis
Name of Facility:	Lewis's AFC Home
Facility Address:	1914 N Bond Saginaw, MI 48602
Facility Telephone #:	(989) 752-5811
Original Issuance Date:	09/04/2025
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/23/2026

Date of Bureau of Fire Services Inspection if applicable: 10/18/2024

Date of Health Authority Inspection if applicable: 02/23/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 12

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:
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.

This facility was found to be in non-compliance with the following rules:

R 400.647

Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:

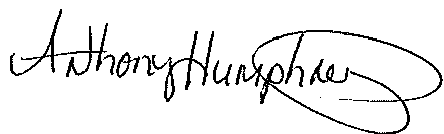
This home is on a list of Part 3 AFCs that needed sealed floors plans approved by BFS. The project is in and awaiting plan review under PR2026BFS-000948. It was received on 2/20/26. The Licensee was given 6 months to complete task, but did not submit plans until approximately 10 days before the deadline, which is not enough time to approve the plans or complete a plan of action if the plans are not approved.

CONCLUSION: VIOLATION ESTABLISHED

On 03/04/2026, I held an Exit Conference with Licensee, Theresa Lewis regarding the recommendation to refuse to renew license. Theresa Lewis was made aware that she was given an additional 6 months to obtain approval from the Bureau of Fire Safety and had failed to do so in a timely manner. Theresa Lewis informed that she has applied for a small group home license and has given 6 of the 12 residents in her home a 30-day notice. Those residents are expected to be out of the home by 04/01/2026.

IV. RECOMMENDATION

Refusal to renew the license is recommended.

A handwritten signature in black ink, appearing to read "Anthony Humphrey", with a large, stylized loop at the end.

03/04/2026

Anthony Humphrey
Licensing Consultant

Date