GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 26, 2026

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 Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
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): 06/26/2026

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.
  A meal was not prepared or obsevred at the time of inspection. Residents went out in the community for lunch.
- 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 found to be in non-compliance with the following rules:

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, the fire drill forms were not thoroughly completed. Fire drills dated 9/29/2024, 12/10/25 and 1/27/2026 did not contain the time the drill was conducted.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

At the time of inspection, direct care staff, Tamae Watkins employee file did not contain an annual 2025 physical.

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

At the time of inspection, Resident A's medication was not given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Resident A medication, Divalproex Tab 250mg ER, take once by mouth daily was prescribed on 01/19/2026 and administered at 8:00 a.m. On 02/27/2026, a new prescription was received. The medication remained the same, but the time was changed to take three tablets daily by mouth at bedtime. From 02/28/2026 through 06/26/2026, the direct care staff continued to administer Resident A's Divalproex Tab 250mg ER medication at 8:00 a.m.

A corrective action plan was requested and approved on 06/26/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

06/26/2026

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Denasha Walker Date
Licensing Consultant