



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 30, 2022

James Hoerberling  
A Ewing Country Estate AFC Inc.  
10686 Wacousta Road  
DeWitt, MI 48820

RE: License #: AM190391046  
**A Ewing Country Estate AFC, Inc.**  
**10686 Wacousta Road**  
**DeWitt, MI 48820**

Dear Mr. Hoerberling:

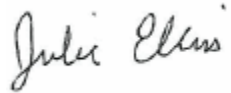
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190391046
<b>Licensee Name:</b>	A Ewing Country Estate AFC Inc.
<b>Licensee Address:</b>	10686 Wacousta Road DeWitt, MI 48820
<b>Licensee Telephone #:</b>	(810) 922-2938
<b>Licensee Designee:</b>	James Hoerberling
<b>Administrator:</b>	James Hoerberling
<b>Name of Facility:</b>	A Ewing Country Estate AFC, Inc.
<b>Facility Address:</b>	10686 Wacousta Road DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 626-6763
<b>Original Issuance Date:</b>	01/08/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspections: 06/30/2022

Date of Bureau of Fire Services Inspection if applicable: 10/04/2021

Date of Health Authority Inspection if applicable: 04/13/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
No. of others interviewed 0 Role: [REDACTED]

- 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:  
7/7/2020 301 (10) and 6/07/2022 734 (b)(2) 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 400.14205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

DCW Wendy Keith and DCW Adam Pierce's employee records did not contain a statement signed by a licensed physician attesting to their physical health.

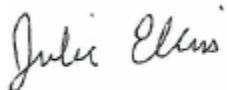
**R 400.14401**      **Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

The water temperature in the facility at the faucet exceeded 120 degrees Fahrenheit.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



6/30/2022

---

Julie Elkins  
Licensing Consultant

Date