



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2024

James Hoerberling  
J&W Ventures, Inc.  
10686 Wacousta Road  
DeWitt, MI 48820

RE: License #: AM190338087  
**A Family Affair**  
**8990 E. M-78**  
**Haslett, MI 48840**

Dear James Hoerberling:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If 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 "Rodney Gill".

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190338087
<b>Licensee Name:</b>	J&W Ventures, 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 Family Affair
<b>Facility Address:</b>	8990 E. M-78 Haslett, MI 48840
<b>Facility Telephone #:</b>	(517) 339-8968
<b>Original Issuance Date:</b>	04/09/2013
<b>Capacity:</b>	12
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/12/2024

Date of Bureau of Fire Services Inspection if applicable: 08/30/2023

Date of Health Authority Inspection if applicable: 11/28/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

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:  
03/24/2022 - R400.14410(5) / 01/23/2024 - R 400.14312(4)(b)(v) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
R 400.15410 Bedroom furnishings: Resident wanted to sleep in her recliner instead of a bed. Resident requested the bed be removed from her room to provide more living space.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



03/12/2024

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Rodney Gill  
Licensing Consultant

Date