

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 5, 2025

Jeffrey Dewitt Country Acres Enterprises LLC 2649 W. Woodrow Road Shelby, MI 49455

RE: License #: AM640382535

Country Acres Enterprises LLC 2649 W. Woodrow Road

Shelby, MI 49455

Dear Jeff Dewitt:

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 and special certification are 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 (616) 356-0100.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene C. Messen

Bureau of Community and Health Systems

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AM640382535

Licensee Name: Country Acres Enterprises LLC

Licensee Address: 2649 W. Woodrow Road

Shelby, MI 49455

Licensee Telephone #: (231) 861-2702

Licensee Designee: Jeffrey Dewitt

Administrator: Amy Dewitt

Name of Facility: Country Acres Enterprises LLC

Facility Address: 2649 W. Woodrow Road

Shelby, MI 49455

Facility Telephone #: (231) 861-2702

Original Issuance Date: 01/13/2017

Capacity: 11

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	05/30/2	2025
Date	e of Bureau of Fire Services Inspection if appl	icable:	01/30/2025
Date	e of Health Authority Inspection if applicable:		03/20/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: ORR		2 7
•	Medication pass / simulated pass observed?	Yes 🛭	☑ No ☐ If no, explain.
•	Medication(s) and medication record(s) review	wed? `	Yes ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes	s⊠ No If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes ⊠ No ☐ If	no, exp	lain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (please explain) No ☒	N/A]

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

On May 30, 2025, I conducted an exit conference with Licensee Jeff DeWitt. I explained my findings as noted above. Mr. DeWitt stated he understood the finding, had no additional information, nor questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

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

Brene O / Hosser June 5, 2025

Bruce A. Messer Date

Licensing Consultant