



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 19, 2026

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 Mr. 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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, 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

License #: AM190338087

Licensee Name: J&W Ventures, Inc.

Licensee Address: 10686 Wacousta Road
DeWitt, MI 48820

Licensee Telephone #: (810) 922-2938

Licensee Designee/Administrator: James Hoerberling

Name of Facility: A Family Affair

Facility Address: 8990 E. M-78
Haslett, MI 48840

Facility Telephone #: (517) 339-8968

Original Issuance Date: 04/09/2013

Capacity: 12

Program Type: MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/17/2026

Date of Bureau of Fire Services Inspection if applicable: 07/31/2025, 08/08/2024, 08/25/2025, 09/03/2024

Date of Health Authority Inspection if applicable: 12/09/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

No. of others interviewed [redacted] 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: N/A
- Number of excluded employees followed-up? 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.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home, capacity12.

Bridget Vermeesch

02/19/2026

Bridget Vermeesch
Licensing Consultant

Date