



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 5, 2018

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 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) 284-9720.

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

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

I. IDENTIFYING INFORMATION

License #:	AM190391046
Licensee Name:	A Ewing Country Estate AFC Inc.
Licensee Address:	10686 Wacousta Road DeWitt, MI 48820
Licensee Telephone #:	(517) 626-6763
Licensee Designee:	James Hoerberling
Administrator:	James Hoerberling
Name of Facility:	A Ewing Country Estate AFC, Inc.
Facility Address:	10686 Wacousta Road DeWitt, MI 48820
Facility Telephone #:	(517) 626-6768
Original Issuance Date:	01/08/2018
Capacity:	12
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/03/2018

Date of Bureau of Fire Services Inspection if applicable: 09/18/2017

Date of Health Authority Inspection if applicable: 08/01/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 11
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: 05/15/2018 312 (6) N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes (please explain) No N/A

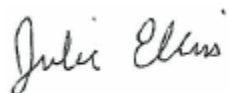
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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.



07/05/2018

Julie Elkins
Licensing Consultant

Date