

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 18, 2024

James Hoeberling 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 James Hoeberling:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 284-9730.

Sincerely,

Rodney Sill

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

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

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/18/2024

Date of Bureau of Fire Services Inspection if applicable: 08/09/2023

Date of Health Authority Inspection if applicable: 03/19/2024, 06/12/2024 – C Rating – The Licensee is following a plan of action to achieve an A Rating or Substantial Compliance by 09/12/2024.

11

No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed0Role:

- Medication pass / simulated pass observed? Yes  $\boxtimes$  No  $\square$  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  $\boxtimes$  No  $\square$  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes  $\boxtimes$  No  $\square$  If no, explain.
- Incident report follow-up? Yes ⊠ No □ If no, explain.
- Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: 06/07/2022: R 400.734 (B).2; 07/05/2022: R 400.14205 (3), R 400.14401 (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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rule:

#### R 400.14315 Handling of resident funds and valuables.

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be

provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

The amount of cash Resident A had on hand at the facility did not accurately reflect the amount of cash indicated on Resident A's Funds II form.

A corrective action plan was requested and approved on 06/18/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

# **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Rodney Sill

06/19/2024

Rodney Gill Licensing Consultant Date