



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 11, 2025

Allen and Margaret Brewer  
503 E Michigan  
Farwell, MI 48622

RE: License #: AF180001497  
Brewer AFC  
503 E Michigan  
Farwell, MI 48622

Dear Allen and Margaret Brewer:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,



Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW  
Grand Rapids MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF180001497
<b>Licensee Name:</b>	Allen and Margaret Brewer
<b>Licensee Address:</b>	503 E Michigan Farwell, MI 48622
<b>Licensee Telephone #:</b>	(989) 588-6628
<b>Name of Facility:</b>	Brewer AFC
<b>Facility Address:</b>	503 E Michigan Farwell, MI 48622
<b>Facility Telephone #:</b>	(989) 588-6628
<b>Original Issuance Date:</b>	03/04/1991
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/20/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed  
No. of others interviewed Role:

- 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.  
Meals were not being served at the time of the inspection.
- 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**

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

**R 400.1426**

**Maintenance of premises.**

**(7) Stairways shall have sturdy and securely fastened handrails which are not less than 30, nor more than 34 inches above the upper surface of the tread. Exterior and interior stairways shall have handrails on the open sides. Porches shall also have handrails on the open sides.**

**Findings:**

At the time of the inspection, the interior stairs leading to the upstairs rooms had no handrails on the open sides.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



8/28/25

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Johnnie Daniels  
Licensing Consultant

Date