GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 18, 2026

James Hoeberling
A Ewing Country Estate AFC Inc.
10686 Wacousta Road
DeWitt, MI 48820

RE: License #: AM190391046
A Ewing County Estates AFC
10686 Wacousta Road
DeWitt, MI 48820

Dear Mr. Hoeberling:

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 #:	AM190391046
Licensee Name:	A Ewing Country Estate AFC Inc.
Licensee Address:	10686 Wacousta Road DeWitt, MI 48820
Licensee Telephone #:	(810) 922-2938
Licensee Designee/Administrator:	James Hoeberling, Designee
Name of Facility:	A Ewing County Estates AFC
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): 06/17/2026

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

Date of Health Authority Inspection if applicable: 03/17/2026

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 12
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.
- 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 2 year regular adult foster care license, capacity 12.

Bridget Vermeesch

06/18/2026

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Bridget Vermeesch Date
Licensing Consultant