



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 16, 2025

Jennifer Zandstra
Rehoboth AFC, Inc.
9505 Homerich Ave. SW
Byron Center, MI 49315

RE: License #: AM030365385
Rehoboth Oaks
2990 138th Avenue
Dorr, MI 49323

Dear Mrs. Zandstra:

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 (616) 356-0100.

Sincerely,

Megan Aukerman, LMSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

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

I. IDENTIFYING INFORMATION

License #:	AM030365385
Licensee Name:	Rehoboth AFC, Inc.
Licensee Address:	9505 Homerich Ave. SW Byron Center, MI 49315
Licensee Telephone #:	(616) 610-4097
Licensee/Licensee Designee:	Jennifer Zandstra
Administrator:	Jennifer Zandstra
Name of Facility:	Rehoboth Oaks
Facility Address:	2990 138th Avenue Dorr, MI 49323
Facility Telephone #:	(616) 610-4097
Original Issuance Date:	04/16/2015
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/14/2025

Date of Bureau of Fire Services Inspection if applicable: 6/13/2025

Date of Health Authority Inspection if applicable: 10/16/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

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

On 10/15/2025, an onsite inspection was completed at the facility. An exit conference was conducted and 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 (capacity 12).

Megan Aukerman, LMSW

10/16/2025

Megan Aukerman
Licensing Consultant

Date