



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2026

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

RE: License #: AS410314215
Rehoboth AFC
10785 Burlingame Ave SW
Byron Center, MI 49315

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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #: AS410314215

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, Designee

Administrator: Jennifer Zandstra

Name of Facility: Rehoboth AFC

Facility Address: 10785 Burlingame Ave SW
Byron Center, MI 49315

Facility Telephone #: (616) 610-4097

Original Issuance Date: 09/30/2011

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2026

Date of Bureau of Fire Services Inspection if applicable: 04/13/2026

Date of Health Authority Inspection if applicable: 12/08/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

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

This facility was determined to be in substantial compliance with rules and requirements. *Exit conference completed onsite with Ms. Zandstra.*

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.



05/13/2026

Toya Zylstra
Licensing Consultant

Date