



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 10, 2022

Sharyn Rockefeller  
7852 Huron Line Road  
Gagetown, MI 48735

RE: License #: AM320008389  
**Rockefeller Afc Home**  
**7852 Huron Line Road**  
**Gagetown, MI 48735**

Dear Ms. Rockefeller:

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) 643-7960.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM320008389
<b>Licensee Name:</b>	Sharyn Rockefeller
<b>Licensee Address:</b>	7852 Huron Line Road Gagetown, MI 48735
<b>Licensee Telephone #:</b>	(989) 665-2440
<b>Licensee:</b>	Sharyn Rockefeller
<b>Administrator:</b>	Sharyn Rockefeller
<b>Name of Facility:</b>	Rockefeller Afc Home
<b>Facility Address:</b>	7852 Huron Line Road Gagetown, MI 48735
<b>Facility Telephone #:</b>	(989) 665-2440
<b>Original Issuance Date:</b>	01/06/1983
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/08/2022

Date of Bureau of Fire Services Inspection if applicable: 11/19/2021

Date of Health Authority Inspection if applicable: 04/18/2022

Inspection Type: ☐ Interview and Observation ☐ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 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.  
The residents were going out for dinner after the inspection was completed.
- 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.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license medium group home (capacity 1-12).

*Kathryn A. Huber*

08/10/2022

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Kathryn A. Huber  
Licensing Consultant

Date