



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 08, 2023

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

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

**I. IDENTIFYING INFORMATION**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/16/2023

Date of Bureau of Fire Services Inspection if applicable: 11/02/2023

Date of Health Authority Inspection if applicable: 06/12/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role: 0

- 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. CAP approved
- 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 non-compliance with the following rules and requirements.

**R 400.14315 Handling of resident funds and valuables.**  
**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident Funds Form II was not in use at this facility to document resident transactions.

A corrective action plan was requested and approved on 10/16/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



12/08/2023

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Eli DeLeon  
Licensing Consultant

Date