



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 2, 2026

Eric and Karen Jefferies  
P. O. Box 45  
Hersey, MI 49639

RE: License #: AF670388567  
**Christian AFC**  
**112 S. Wood Street**  
**Hersey, MI 49639**

Dear Mr. and Mrs. Jefferies:

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 and special certification 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 that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

**License #:** AF670388567

**Licensee Name:** Eric and Karen Jefferies

**Licensee Address:** 112 S. Wood Street  
Hersey, MI 49639

**Licensee Telephone #:** (231) 233-0739

**Licensees:** Eric and Karen Jefferies

**Administrator:** N/A

**Name of Facility:** Christian AFC

**Facility Address:** 112 S. Wood Street  
Hersey, MI 49639

**Facility Telephone #:** (231) 233-0739

**Original Issuance Date:** 08/03/2017

**Capacity:** 3

**Program Type:** DEVELOPMENTALLY DISABLED  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/16/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 10/14/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: Licensess

- 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   
Variance granted on 1/28/26 to allow facility to use two doorways that end at same ramp as well as using an emergency chair designed for disabled individuals on the rear stairway.

### 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 two-year regular adult foster care license.



2/2/2026

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Adam Robarge  
Licensing Consultant

Date