



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Jenna Tolbert
Sherwood Care Facilities Inc
P.O. Box 503
Lennon, MI 48449

RE: License #: AM250008267
Sherwood Care Duffield Road Home
5503 Duffield Rd
Flushing, MI 48433

Dear Jenna Tolbert:

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 cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AM250008267

Licensee Name: Sherwood Care Facilities Inc

Licensee Address: 5503 Duffield Rd
Flushing, MI 48433

Licensee Telephone #: (810) 659-5421

Licensee/Licensee Designee: Jenna Tolbert, Designee

Administrator: Jenna Tolbert

Name of Facility: Sherwood Care Duffield Road Home

Facility Address: 5503 Duffield Rd
Flushing, MI 48433

Facility Telephone #: (810) 659-7345

Original Issuance Date: 01/30/1992

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/15/2026
Date of Bureau of Fire Services Inspection if applicable: 05/28/2025
Date of Health Authority Inspection if applicable: 01/08/2026
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 6
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.
- 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

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.

Christopher A. Holvey

4/15/2026

Christopher Holvey
Licensing Consultant

Date