



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 1, 2022

Keith Berg, and Beth Berg
6290 Fargo Road
Avoca, MI 48006

RE: License #: AF740274374
Berg AFC Home
6290 Fargo Road
Avoca, MI 48006

Dear Keith Berg, and Beth Berg:

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 black ink, reading "Anthony Humphrey", with a large, stylized flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AF740274374
Licensee Name:	Keith Berg, and Beth Berg
Licensee Address:	6290 Fargo Road Avoca, MI 48006
Licensee Telephone #:	(810) 324-2844
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Berg AFC Home
Facility Address:	6290 Fargo Road Avoca, MI 48006
Facility Telephone #:	(810) 324-2844
Original Issuance Date:	10/21/2005
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/31/2022

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

Date of Health Authority Inspection if applicable: 02/14/2022

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

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- 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.

IV. RECOMMENDATION

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

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is fluid and cursive, with a large loop at the end of the last name.

09/01/2022

Anthony Humphrey
Licensing Consultant

Date