



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 20, 2023

Timothy Bertram  
Packard Specialized Residential, LLC  
1173 S. Packard Ave.  
Burton, MI 48509

RE: License #:	AM250406626 <b>Packard Specialized Residential</b> <b>1173 S. Packard Ave.</b> <b>Burton, MI 48509</b>
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Dear Mr. Bertram:

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 will be 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,

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250406626
<b>Licensee Name:</b>	Packard Specialized Residential, LLC
<b>Licensee Address:</b>	1173 S. Packard Ave. Burton, MI 48509
<b>Licensee Telephone #:</b>	(248) 705-9802
<b>Licensee/Licensee Designee:</b>	Timothy Bertram
<b>Administrator:</b>	Timothy Bertram
<b>Name of Facility:</b>	Packard Specialized Residential
<b>Facility Address:</b>	1173 S. Packard Ave. Burton, MI 48509
<b>Facility Telephone #:</b>	(833) 478-9464
<b>Original Issuance Date:</b>	03/05/2021
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2023

Date of Bureau of Fire Services Inspection if applicable: 08/31/2022

Date of Health Authority Inspection if applicable: 06/13/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 10

No. of others interviewed 0 Role: N/A

- 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:  
12/06/22: AS 14311(1)(b) 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.

*Susan Hutchinson*

June 20, 2023

Susan Hutchinson Licensing Consultant	Date
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