



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 17, 2025

Gaven Bertram  
Westwood Specialized Residential LLC  
766 Chesterfield  
Birmingham, MI 48009

RE: Application #:	AS250418781 Westwood Specialized Residential 2702 Westwood Parkway Flint, MI 48503
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Dear Gaven Bertram:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please 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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250418781
<b>Licensee Name:</b>	Westwood Specialized Residential LLC
<b>Licensee Address:</b>	3060 S. Dye Rd. Flint, MI 48507
<b>Licensee Telephone #:</b>	(833) 478-9464
<b>Administrator/Licensee Designee:</b>	Gaven Bertram, Designee Katrina Bailey, Administrator
<b>Name of Facility:</b>	Westwood Specialized Residential
<b>Facility Address:</b>	2702 Westwood Parkway Flint, MI 48503
<b>Facility Telephone #:</b>	(833) 478-9464
<b>Application Date:</b>	08/30/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/30/2024	On-Line Enrollment
09/03/2024	PSOR on Address Completed
09/03/2024	Contact - Document Sent Forms sent.
10/23/2024	Contact - Document Sent 2nd App Incomplete Letter sent.
10/23/2024	Contact - Document Received 1326/RI030 and AFC-100
10/23/2024	Contact - Document Sent Copy of IRS letter.
11/04/2024	Contact - Document Received IRS letter.
11/06/2024	File Transferred To Field Office
11/12/2024	Application Incomplete Letter Sent Via email
12/13/2024	Contact - Document Received Documentation received
01/15/2025	Application Incomplete Letter Sent 2nd application incomplete letter sent
02/13/2025	Application Complete/On-site Needed
02/20/2025	Inspection Completed On-site
02/20/2025	Inspection Completed-BCAL Sub. Compliance
03/07/2025	Contact – Document Received
03/07/2025	Contact – Document Sent
03/07/2025	Contact – Document Received
03/07/2025	Inspection Completed-BCAL Full Compliance
03/17/2025	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Westwood Specialized Residential is a 1.5 story home in a well-established subdivision located in the City of Flint. The upstairs of the facility has two private bedrooms, and each bedroom has an attached full bathroom. The main level of the facility has four private bedrooms. Two of the private bedrooms have attached bathrooms. The other two bedrooms share a full bathroom. There is also a half-bathroom off the front entrance. Each bedroom is fully furnished, and each full bathroom is suitable for resident use and is equipped with safety bars in the shower. There is a dining room with seating for six residents, a living room/day room, a fully equipped kitchen with an island and additional seating, and a sunroom. There is a fireplace that joins the living room and one of the bedrooms, but it has been disabled and blocked off and the licensee said it will not be used. The facility has a locked storage closet for chemicals and cleaning supplies and there is a medication room which is also locked. This facility has four approved means of egress. The facility is equipped for physically handicapped individuals, but it is not wheelchair accessible. The home utilizes public water and sewer through the City of Flint.

The owner of this home is Gaven Bertram, the licensee designee. Gaven Bertram purchased the home on 11/17/2023. Gaven Bertram provided documentation for AFC Licensing to inspect this property and acknowledged that an AFC home will be run from this location.

The boiler and washer/dryer are located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The boiler and air conditioner were inspected Blue Flame Heating & Cooling on 06/04/2024 and deemed safe and operational. The facility is equipped with an interconnected, hardwire smoke detection with battery backup which was installed and inspected by JCM Electrical LLC on 02/13/2025, and deemed safe and fully operational. There are smoke detectors in each bedroom and at various other locations in the facility.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16' x 12'	192 sq. ft.	1
2	17'10" x 13'	232 sq. ft.	1
3	19'4" x 16'2"	313 sq. ft.	1
4	22'1" x 18'1"	399 sq. ft.	1
5	15' x 16'5"	246 sq. ft.	1
6	18'2" x 15	273 sq. ft.	1

The living, dining, and day room areas measure a total of 752 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, physically handicapped or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local CMHs as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

## **C. Applicant and Administrator Qualifications**

The applicant is Westwood Specialized Residential, LLC which is a "Domestic Limited Liability Company", and was established in Michigan, on 11/06/23. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Westwood Specialized Residential, LLC have submitted documentation appointing Gaven Bertram as Licensee Designee for this facility and Katrina Bailey as the Administrator of the facility.

A licensing record clearance request was completed and approved for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2-staff-to-6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

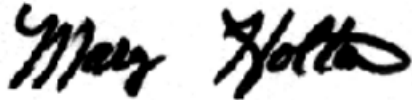
I recommend issuance of a temporary license to this AFC adult small group home (capacity 3 to 6).



March 17, 2025

Susan Hutchinson Licensing Consultant	Date
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Approved By:



March 17, 2025

Mary E. Holton Area Manager	Date
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