



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 29, 2025

Gaven Bertram
Maple Specialized Residential Services
3060 S. Dye Rd.
Flint, MI 48507

RE: Application #: AL250420040
Maple Specialized Residential
1132 East Maple Ave
Flint, MI 48507

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 and special certification with a maximum capacity of 15 are 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) 335-5985.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250420040
Licensee Name:	Maple Specialized Residential Services
Licensee Address:	3060 S. Dye Rd. Flint, MI 48507
Licensee Telephone #:	(833) 478-9464
Administrator/Licensee Designee:	Gaven Bertram, Designee
Name of Facility:	Maple Specialized Residential
Facility Address:	1132 East Maple Ave Flint, MI 48507
Facility Telephone #:	(810) 519-6433
Application Date:	11/03/2025
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/03/2025	On-Line Enrollment
11/05/2025	PSOR on Address Completed
10/09/2025	Inspection Completed – Fire Safety A
11/05/2025	Inspection Report Requested – Health Invoice#: 1035461
11/05/2025	File Transferred To Field Office
11/13/2025	Application Incomplete Letter Sent
11/19/2025	Inspection Completed-Env. Health: A
12/05/2025	SC-Application Received - Original
12/05/2025	Application Complete/On-site Needed
12/18/2025	Inspection Completed On-site
12/18/2025	Inspection Completed-Env. Health: A
12/29/2025	Inspection Completed – BCAL Full Compliance
12/29/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Maple Specialized Residential is located in a semi-rural area of Grand Blanc Township, MI. There is a detached two-car garage, which has room for storage. The facility has a large cement parking lot for ample parking space for staff and visitors. The facility is owned by Maple Specialized Residential Services which is allowing one of their members and/or the applicant, Gaven Bertram, to use the property for a licensed adult foster care home.

The facility consists of a living room, dining room, three full bathrooms, five half bathrooms, an office, laundry room and fourteen resident bedrooms. The facility has a small second story that is used as a staff office and that the residents do not have access to. The facility has a total of five exits. Three of those exits are at grade level

and one exit has an attached wheelchair ramp, which makes this facility wheelchair accessible. All five exits have attached door alarms to alert staff when someone exits the facility.

The facility has two furnaces and one hot water heater that are located in the basement of the facility and are separated from residents by a fully stopped, solid core wood door that is equipped with an automatic self-closing device and positive-latching hardware. One furnace is gas forced air and the other is a hot water boiler system. There is a second hot water heater, that is electric and that is located in the laundry room on the main level of the facility. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas. On 10/9/2025, full fire safety approval was given to this facility by the Bureau of Fire Services.

The residents' bedrooms and all living areas measure as follows:

Bedroom	Room Dimensions	Square Footage	Capacity
Bedroom # 1	16' x 11'	176	1
Bedroom # 2	10' x 11'	110	1
Bedroom # 3	10' x 15.5'	154	1
Bedroom # 4	10' x 15.5'	154	1
Bedroom # 5	10' x 15.5'	154	1
Bedroom # 6	10' x 15.5'	154	1
Bedroom # 7	10' x 11'	110	1
Bedroom # 8	10' x 15'	150	1
Bedroom # 9	10' x 15'	150	1
Bedroom # 10	10' x 13'	130	1
Bedroom # 11	12' x 14'	168	1
Bedroom # 12	11' 6" x 17'	195	2
Bedroom # 13	10' x 14' 9"	148	1
Bedroom # 14	11' x 7' and 8' x 8 (L shaped)	141	1

Bedroom numbering starts in the northeast corner of facility, moving clockwise

TOTAL CAPACITY: 15 RESIDENTS

The living space in the home is as follows:

Room	Dimensions	Square footage
Living Room	20' x 12'	230
Dining Room	26' x 16'	416
Total living space available is 646 square feet		

The facility has a private water supply and a public sewage disposal system. On 11/19/2025, this facility received an “A” approval rating from Genesee County Health Department.

B. Program Description

This facility intends to provide 24-hour supervision, protection and personal care to fifteen (15) male or female adults whose diagnosis is developmentally disabled, physically handicapped or mentally impaired, in the least restrictive environment possible. Residents will be provided assistance with all activities of daily living as outlined in their assessment plan and Individual Plan of Service. The approach involves focusing on person’s strengths rather than shortcomings and promoting a healthy and fulfilling life. A wide range of activities and community inclusion outings will be offered, based on individual interest and preference. The facility will provide all transportation for program and medical 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.

C. Applicant/Licensee Designee and Administrator Qualifications

The applicant is Maple Specialized Residential Services, L.L.C, which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/29/2025. 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 Maple Specialized Residential Services, L.L.C. 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 fifteen-bed facility is adequate and includes a minimum of one staff –to- fifteen 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) 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 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 of 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 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of 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.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC large group home (capacity 13 -15).



12/29/2025

Christopher Holvey
Licensing Consultant

Date

Approved By:



12/29/2025

Mary E. Holton
Area Manager

Date