



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 19, 2024

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 and special certification 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 that reads "Anthony Humphrey". The signature is stylized with a large, looping "H" and a long, sweeping underline.

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**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/10/2024

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: 12/19/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

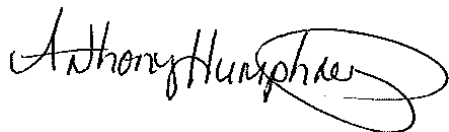
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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, reading "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

04/19/2024

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Anthony Humphrey  
Licensing Consultant

Date