



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2025

Gaven Bertram
Hickory Hollow Specialized Residential LLC
766 Chesterfield
Birmingham, MI 48009

RE: Application #: AS250418783
Hickory Hollow Specialized Residential
6500 Hickory Hollow Ct
Flint, MI 48532

Dear Gavin 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,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250418783
Licensee Name:	Hickory Hollow Specialized Residential LLC
Licensee Address:	766 Chesterfield Birmingham, MI 48009
Licensee Telephone #:	(248) 705-9801
Licensee Designee:	Gaven Bertram
Administrator:	Katrina Bailey
Name of Facility:	Hickory Hollow Specialized Residential
Facility Address:	6500 Hickory Hollow Ct Flint, MI 48532
Facility Telephone #:	(248) 705-9801
Application Date:	09/03/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/03/2024	On-Line Enrollment
09/04/2024	PSOR on Address Completed
09/04/2024	Contact - Document Sent Forms sent.
10/23/2024	Contact - Document Received Forms received.
10/23/2024	Contact - Document Sent Copy of IRS letter.
10/25/2024	Contact - Document Received IRS letter.
10/25/2024	File Transferred to Field Office
11/27/2024	Application Incomplete Letter Sent
12/16/2024	Contact - Document Received Received facility documents
01/16/2024	Application Complete/On-site Needed
02/11/2025	Inspection Completed On-site
02/11/2025	SC - Inspection Completed On-site
03/07/2025	Contact - Document Received Furnace inspection
03/10/2025	Inspection Completed On-site
03/10/2025	Inspection Completed-BCAL Full Compliance
03/10/2025	SC - Inspection Completed Full Compliance
03/10/2025	Recommend License Issuance
03/10/2025	SC - Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hickory Hollow Specialized Residential is a one-story, brick facility located in a well-established subdivision on a large lot. The home has an attached garage and partially finished basement. The home consists of a living room, dining room, kitchen, six resident bedrooms, four full bathrooms, one half bathroom, and laundry room. The facility is not wheelchair accessible. The home is connected to public water and sewer. The facility is owned by Licensee Designee, Gavin Bertram

The furnace and hot water heater are located in the basement. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. A furnace inspection and approval were completed on January 10, 2025. The laundry room is located on the main floor of the home. The facility is equipped with a smoke detection system. The smoke detectors are all hard-wired into the home's electrical system with battery back-up and are in all sleeping and living areas.

There are six resident bedrooms located on the main floor of the home. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	15'3" x 11'6"	175	1
Bedroom 2	15'6" x 13'8"	212	1
Bedroom 3	15'7" x 8'	125	1
Bedroom 4	15'10" x 9'7"	152	1
Bedroom 5	11'5" x 9'11"	113	1
Bedroom 6	8'5" x 9'10"	83	1

The living room and dining room measure a total of 694 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The home has two (2) separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior

of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

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

The facility has the capacity to provide 24-hour supervision, protection, and personal care for up to six male residents aged eighteen to ninety, that are mentally ill or developmentally disabled. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate, and honest staff. The facility will provide a clean and caring environment enabling the residents to live, learn, and grow as individuals. Facility staff will meet the basic needs of everyone, as well as those who require more individualized attention. Residents will be provided and encouraged to participate in social activities and events.

C. Applicant and Administrator Qualifications

The applicant is Hickory Hollow Specialized Residential LLC. 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.

Gaven Bertram is the licensee designee, and Katrina Bailey is the administrator for the applicant. The applicant has submitted documentation to demonstrate that the licensee designee and administrator's experience meets the requirements for licensee designee and administrator.

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

The applicant has 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 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 applicant, 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the applicant, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.


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 licensing act and applicable administrative rules related to the physical plant has been determined. 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 adult small group home (capacity 3-6).

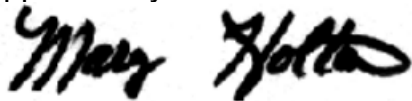


3/10/2025

Christina Garza
Licensing Consultant

Date

Approved By:



3/11/2025

Mary E. Holton
Area Manager

Date