



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2025

Christine Bertram
Keith Specialized Residential
3060 S Dye RD
Flint, MI 48507

RE: Application #:	AS250419065 KEITH SPECIALIZED RESIDENTIAL 3088 Keith Flint, MI 48507
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Dear Christine 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

License #:	AS250419065
Licensee Name:	Keith Specialized Residential
Licensee Address:	3088 Keith Dr Flint, MI 48507
Licensee Telephone #:	(810) 337-9638
Administrator/Licensee Designee:	Christine Bertram, Designee Erica Moslander, Administrator
Name of Facility:	KEITH SPECIALIZED RESIDENTIAL
Facility Address:	3088 Keith Flint, MI 48507
Facility Telephone #:	(810) 337-9638
Application Date:	12/18/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/18/2024	On-Line Enrollment
12/19/2024	PSOR on Address Completed
12/19/2024	Contact - Document Sent Forms sent.
01/10/2025	Contact - Document Received AFC-100
01/13/2025	File Transferred To Field Office
01/15/2025	Application Incomplete Letter Sent
05/07/2024	Application Complete/ On-site Needed
05/07/2025	Inspection Completed On-site
05/07/2025	Inspection Completed-BCAL Sub. Compliance
05/12/2025	SC-Application Received - Original
05/23/2025	Inspection Completed-BCAL Full Compliance
05/23/2025	SC-Inspection Full Compliance
05/29/2025	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Keith Specialized Residential is a ranch style home, with a walk-out basement in a well-established subdivision located in the City of Flint. The home was built in 1962 and has a total of 2,794 square feet. The basement contains a large recreation area, utility room, and staff office. However, the basement will not be used by the residents. The home has six private bedrooms and three full bathrooms. Each bedroom is fully furnished, and each bathroom is suitable for residents' use. All bathrooms are equipped with safety bars in the bathtub/shower as well as non-skid surface on the bathtub/shower floor. There is a fully equipped kitchen, a dining area with seating for six residents, and a living room. 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 two approved means of egress. One is at the front of the house and serves as the main entrance and the other is off the laundry room. The facility is equipped for physically handicapped individuals, but it is not wheelchair accessible. The home utilizes public water through

the City of Flint and has a private sewer. The Genesee County Health Department inspected the private sewer on 01/14/2025 and gave it an “A” rating.

The owner of this home is Gaven Bertram, who purchased the home on 11/08/2024. Gaven Bertram provided documentation for AFC Licensing to inspect this property and acknowledged that an AFC home will be operated from this location.

The hot water heater and one furnace are located on the main floor of the facility, off the laundry room. They are enclosed in a room which is constructed of material with a 1-hour-fire-resistance rating. The door is made of 1 ¾ inch solid core wood and is equipped with an automatic self-closing device and positive latching hardware. There is a second furnace located in the basement with a door at the top of the stairs that is made of 1 ¾ inch solid core wood and is equipped with an automatic self-closing device and positive latching hardware. The hot water heater and main floor furnace were inspected by Quality Interior and Exterior Services, LLC on 05/09/2025 and deemed safe and operational. The basement furnace was installed on 4/11/2025 by JP Mechanical LLC and deemed safe and operational. The laundry room is equipped with a washer and dryer that has a solid metal vent which is vented directly to the outside. The facility is equipped with an interconnected, hardwire smoke detection with battery backup which was installed and inspected by Quality Interior and Exterior Services, LLC on 02/01/25 and deemed safe and fully operational. There are a total of 11 smoke detectors which are located in each bedroom, and outside of sleeping areas and heat producing areas.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'3" x 10'8"	152 sq. ft.	1
2	11'7" x 9'4"	108 sq. ft.	1
3	9'3" x 11'6"	106 sq. ft.	1
4	10'6" x 12'3"	129 sq. ft.	1
5	14'1" x 9'11"	140 sq. ft.	1
6	13'11" x 10'10"	151 sq. ft.	1

The living, dining, and day room areas measure a total of 395 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, and/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 Keith Specialized Residential, LLC which is a "Domestic Limited Liability Company", and was established in Michigan, on 12/12/24. 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 Keith Specialized Residential, LLC have submitted documentation appointing Christine Bertram as Licensee Designee for this facility and Erica Moslander 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 1-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) 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 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).



May 29, 2025

Susan Hutchinson Licensing Consultant
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Date

Approved By:



May 29, 2025

Mary E. Holton Area Manager

Date
