



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 24, 2025

Gaven Bertram  
Rustic Ridge Specialized Residential  
3060 S Dye RD  
Flint, MI 48507

RE: Application #:	AS250419616 Rustic Ridge Specialized Residential 6624 Rustic Ridge Grand Blanc, MI 48439
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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,

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250419616
<b>Licensee Name:</b>	Rustic Ridge Specialized Residential
<b>Licensee Address:</b>	6624 Rustic Ridge Grand Blanc, MI 48439
<b>Licensee Telephone #:</b>	(833) 478-9464
<b>Licensee Designee:</b>	Gaven Bertram
<b>Name of Facility:</b>	Rustic Ridge Specialized Residential
<b>Facility Address:</b>	6624 Rustic Ridge Grand Blanc, MI 48439
<b>Facility Telephone #:</b>	(833) 478-9464
<b>Application Date:</b>	05/30/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/30/2025	On-Line Enrollment
06/03/2025	Lic. Unit file referred for background check review ICHAT hit on the licensee.
06/03/2025	Comment ICHAT hit sent to Ashley.
06/03/2025	PSOR on Address Completed
06/03/2025	Contact - Document Sent Forms sent.
06/10/2025	Contact - Document Received IRS letter.
06/10/2025	File Transferred To Field Office
06/17/2025	Application Incomplete Letter Sent
09/17/2025	Application Complete/On-site Needed
09/18/2025	Inspection Completed On-site
09/24/2025	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Rustic Ridged Specialized Residential is owned by Timothy Betram and leased by Rustic Ridge Specialized Residential, LLC. It is located in Grand Blanc, MI between the I-75 and I-475 corridors, East of Fenton Rd, and just north of Reid Rd. The facility is a one-story brick home, ranch style, six bedroom home with a full finished basement. The first floor of the home contains a living room, dining room, kitchen, six resident bedrooms, two full bathrooms, laundry room, and a med room. The facility has an attached two-car garage. The basement is finished, has an egress window, but will be used as a staff office. The backyard is not fenced in but has a wooden patio accessible through a patio door from the dining room.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully

operational. A furnace inspection was completed by Blue Flame Heating and Cooling on 06/19/2025 and was deemed operational.

The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 ft 11 in x 12 ft-2ft 8 in x 2ft 4 in	136.75 ft sq.	1
2	20ft 8 in x 11 ft 4 in	234.25 ft sq.	1
3	10 ft 11 in x 11 ft 11 in	130.06 ft sq.	1
4	13 ft 11 in x 11 ft 3 in – 2ft 4 in x 7 ft	140.25 sq ft.	1
5	10 ft 5 in x 10 ft 8 in	111.13 sq ft	1
6	11 ft 5 in x 10 ft 5 in	118.94 sq. ft.	1

The living, dining, and sitting room areas measure a total of 392.19 square feet of living space. This exceeds the minimum of 35 square feet per resident 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 aged 18 to 99 whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, and aged 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. Residents will be referred from Community Mental Health.

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 Rustic Ridge Specialized Residential, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/11/2025. 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.

A letter was submitted by Rustic Ridge Specialized Residential, L.L.C. appointing Gaven Betram as Licensee Designee for this facility and Katrina Bailey as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded 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. 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](http://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 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 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 licensee, 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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been

determined. Compliance with quality of care will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

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



09/24/2025

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Shamidah Wyden  
Licensing Consultant

Date

Approved By:



09/24/2025

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Mary E. Holton  
Area Manager

Date