



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 27, 2026

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 cursive script that reads "Anthony Humphrey".

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

License #:	AF740274374
Licensee Name:	Keith Berg, and Beth Berg
Licensee Address:	6290 Fargo Road Avoca, MI 48006
Licensee Telephone #:	(810) 324-2844
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Berg AFC Home
Facility Address:	6290 Fargo Road Avoca, MI 48006
Facility Telephone #:	(810) 304-2057
Original Issuance Date:	10/21/2005
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2026

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

Date of Health Authority Inspection if applicable: 03/18/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] Role: [redacted]

- 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: 01/05/2026 681(1) 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.



04/27/2026

Anthony Humphrey
Licensing Consultant

Date