



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2025

Beth Gorkisch
NRMI LLC
PO Box 281
Whitehall, MI 49461

RE: License #:	AS610411847 River St. Home 620 E. River St. Whitehall, MI 49461
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Dear Ms. Gorkisch:

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 is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AS610411847
Licensee Name:	NRMI LLC
Licensee Address:	17187 N. Laurel Park Dr. 160 Livonia, MI 48152
Licensee Telephone #:	(231) 893-1462
Licensee/Licensee Designee:	Beth Gorkisch, Designee
Administrator:	Beth Gorkisch, Administrator
Name of Facility:	River St. Home
Facility Address:	620 E. River St. Whitehall, MI 49461
Facility Telephone #:	(231) 893-4150
Original Issuance Date:	03/13/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/04/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 09/04/2025

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: Amanda Eely, program director

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, there was no medications being administered. A review of the resident medications and MAR was conducted.
- 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 compliance with rules and requirements.

IV. RECOMMENDATION

I recommend the issuance of a 2-year regular adult foster care license (Capacity 6).



09/10/2025

Elizabeth Elliott
Licensing Consultant

Date