



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 18, 2021

Gregory Toutant
Great Lakes Recovery Centers
97 South Fourth Street
Ishpeming, MI 49849

RE: Application #: AS520408946
Kivela Recovery Residence
1718 Presque Isle Ave
Marquette, MI 49855

Dear Mr. Toutant:

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS520408946
Applicant Name:	Great Lakes Recovery Centers
Applicant Address:	97 South Fourth Street Ishpeming, MI 49849
Applicant Telephone #:	(906) 228-9699
Administrator/Licensee Designee:	Gregory Toutant
Name of Facility:	Kivela Recovery Residence
Facility Address:	1718 Presque Isle Ave Marquette, MI 49855
Facility Telephone #:	(906) 205-0125
Application Date:	05/24/2021
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

05/17/2021	Contact - Document Received Received the application, list of board members and the lease agreement
05/24/2021	Enrollment
06/03/2021	Application Incomplete Letter Sent
06/03/2021	Contact - Document Sent 1326, App, RI030
06/24/2021	Contact - Document Received \$25.00, check 10141, updated application, 1326 & RI030 for Gregory, AFC100 for Russell
06/28/2021	Comment FP needed
07/09/2021	Contact - Document Received I received the program statement, discharge and admission policy
07/21/2021	Application Incomplete Letter Sent
07/29/2021	Inspection Completed On-site
08/17/2021	Contact - Document Received Received furnace inspection
08/17/20201	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a 2-story home owned by 1-0 Properties LLC, who is releasing the property to Great lakes Recovery Center to provide adult foster care. The home is in Upper Michigan (Marquette County). The facility is not handicap and wheelchair accessible.

The home is located on the north end of the City of Marquette. The home is close to community hospitals, shopping centers and recreational opportunities.

The home is a six bedroom home giving each resident a private bedroom.

Bedroom 1 13' x 9' or 108 sq. feet 1st floor
Bedroom 2 13' x 8' or 104 sq. feet 1st floor
Bedroom 3 13' x 10 or 130 sq. feet 1st floor
Bedroom 4 12' x 9' or 108 sq. feet 2nd floor
Bedroom 5 12' x 9' or 108 sq. feet 2nd floor
Bedroom 6 13' x 9' or 117 sq. feet 2nd floor

The Living room/ common area is 12' x 20' or 240 sq. feet. The dining room is 12' x 13' or 156 sq. feet. Giving the residents plenty of common space to gather. There are 2 bathroom located 1 on each floor of the home.

The furnace is located in the basement and is fully enclosed with the appropriate fire safety requirements. The furnace was inspected and approved by a licensed contractor on 08/12/2021. The facility has been found in full compliance with fire safety and environmental health. The facility has a public water supply and public sewage disposal system.

B. Program Description

The facility provides 24-hour supervision, protection, and personal care for up to 6 males over the age of 18 to 78 years of age who are diagnosed as mentally ill. The home will provide supervision and protection for the men living there. There will be always at least 1 staff person on duty.

The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

The Licensee Designee and Administrator is Gregory Toutant. A licensing record clearance was completed with no LEIN convictions for the licensee designee and administrator, Gregory Toutant. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided

documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents, the resident information or both.

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. The applicant has stated that each resident will receive a lock box and will administer their own medications if their physician determines it is appropriate.

The applicant acknowledges 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all the documents contained within the employee’s file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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.

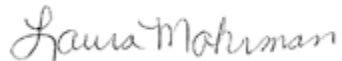
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 small adult foster care home with a capacity of 6 residents.



8/17/2021

Laura Mohrman
Licensing Consultant

Date

Approved By:



8/18/2021

Mary E Holton
Area Manager

Date