



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 14, 2022

Janice Kutha
W9835 Co Road 352
Stephenson, MI 49887

RE: License #: AM550009068
Kutha AFC Home
W9835 County Road 352
Stephenson, MI 49887

Dear Ms. Kutha:

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria Debacker".

Maria Debacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #:	AM550009068
Licensee Name:	Janice Kutha
Licensee Address:	W9835 Co Road 352 Stephenson, MI 49887
Licensee Telephone #:	(906) 753-4880
Licensee/Licensee Designee:	N/A
Administrator:	NA
Name of Facility:	Kutha AFC Home
Facility Address:	W9835 County Road 352 Stephenson, MI 49887
Facility Telephone #:	(906) 753-4880
Original Issuance Date:	05/30/1988
Capacity:	11
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2022

Date of Bureau of Fire Services Inspection if applicable: 9/3/2021

Date of Health Authority Inspection if applicable: 6/14/2022

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 7

No. of others interviewed NA 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.
Time did not permit
- 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.
None available
- 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

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and special certification.

Maria Debacker

11/14/22

Maria Debacker
Licensing Consultant

Date