



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

September 22, 2025

Beth Gorkisch
NRMI LLC
PO Box 281
Whitehall, MI 49461

RE: Application #:	AS610419191 Garfield Cove 173 Mt. Garfield Rd Muskegon, MI 49445
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Dear Ms. Gorkisch:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please 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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610419191
Licensee Name:	NRMI LLC
Licensee Address:	17199 N. Laurel Park Dr. Suite: 424 Livonia, MI 48152
Licensee Telephone #:	(231) 893-1462
Administrator/Licensee Designee:	Beth Gorkisch, Designee
Name of Facility:	Garfield Cove
Facility Address:	173 Mt. Garfield Rd Muskegon, MI 49445
Facility Telephone #:	(231) 638-1827
Application Date:	02/03/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, AGED, DEVELOPMENTALLY DISABLED MENTALLY ILL, TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/03/2025	On-Line Enrollment
02/05/2025	PSOR on Address Completed
02/05/2025	Inspection Report Requested - Health
02/05/2025	Contact - Document Sent forms sent
02/20/2025	Contact - Document Received
02/27/2025	File Transferred to Field Office

03/31/2025	Application Incomplete Letter Sent
03/31/2025	Contact - Document Sent Applicant Beth Gorkisch re: application incomplete letter.
04/14/2025	Contact - Document Received Beth Gorkisch, no certificate of occupancy yet.
04/14/2025	Contact - Document Sent App incomplete letter sent again to B. Gorkisch.
05/09/2025	Contact - Document Sent Email to B. Gorkisch, checking on status of application and documents.
05/27/2025	Contact - Document Sent Resent the app incomplete letter via USPS, sent by Allyson Brummitt.
06/09/2025	Contact - Document Sent Email to B. Gorkisch re: status of application and documents.
06/09/2025	Contact - Document Received Email from B. Gorkisch re: status of license application and documents, still working on things, needed to get a fire hydrant installed per the local fire dept.
08/21/2025	Contact - Document Received Facility documents and contracts received.
08/25/2025	Contact - Document Received
09/09/2025	Inspection Completed On-site
09/09/2025	Inspection Completed-BCAL Full Compliance
09/15/2025	Contact-Document Sent Beth Gorkisch and Amanda Eely re: certificate of occupancy.
09/17/2025	Contact-Document Received Certificate of Occupancy
09/19/2025	Contact-Telephone call made Adam Rosema, Muskegon Co. Health Department
09/19/2025	Contact Document sent

	Adam Rosema and Emily Cihos re: EH report
09/22/2025	Inspection Completed-Environmental Health
09/22/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Garfield Cove is a newly built ranch style home located on a dirt road in a rural setting in Norton Shores. The home sits on 2.3 acres in a wooded, serene neighborhood of similarly built homes. While the home is in a rural setting, it is not far from restaurants, a mall and other stores on Harvey St. in Muskegon. There are 6 resident bedrooms, 2 full bathrooms and one-half bathroom for residents use. The open concept home has a large kitchen and living room with a separate TV room off the main living space as well as an office, medication room and mechanical room. This home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. The home utilizes public water and has a private septic system. On 12/13/2024 an initial septic inspection was conducted by the Muskegon County Health Department due to this home being a brand-new build and on 09/22/2025 another health inspection was completed as requested by LARA-BCHS and received an A rating.

The gas furnace and hot water heater are located on the main level of the home immediately to the right as you enter. The mechanical room is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The facility is fully sprinkled and equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10'8" X 9'1"	10.66 X 9.08= 96.79	1
#2	10'8" X 9'1"	10.66 X 9.08= 96.79	1
#3	10'8" X 9'1"	10.66 X 9.08= 96.79	1
#4	10'8" X 9'1"	10.66 X 9.08= 96.79	1
#5	10'8" X 9'1"	10.66 X 9.08= 96.79	1
#6	10'8" X 9'1"	10.66 X 9.08= 96.79	1

The living, dining, and sitting room areas measure a total of 604 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six** 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** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, physically disabled, traumatic or acquired brain injuries 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. The applicant intends to accept residents from Area DHHS, Area CMH, or private pay individuals as a referral source.

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 residents, guardian, and the responsible agency.

The licensee will provide all transportation for programming and medical needs unless otherwise documented in the Resident Care Agreement. 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 NRMI, L.L.C., which is a "Foreign Limited Liability Company," established in Michigan, on 02/01/20216. 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.

The members of NRMI, L.L.C. have submitted documentation appointing Beth Gorkisch as Licensee Designee for this facility and Beth Gorkisch 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 1 staff -to- 6 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the residents' personal money transactions that have been agreed to be managed by the applicant.

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

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend the issuance of a temporary license to this AFC adult small group home (capacity 6).



09/22/2025

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



09/22/2025

Jerry Hendrick
Area Manager

Date