



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 4, 2025

Kutha, Colton  
605 5th Ave  
Menominee, MI 49858

RE: Application #: AM550419013  
Kutha Adult Foster Care  
605 5th Ave  
Menominee, MI 49887

Dear Kutha, Colton:

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 12 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 (616) 356-0111.

Sincerely,

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

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems CAMP Office  
350 Ottawa  
Grand Rapids MI 48909  
(906) 280-8531

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM550419013
<b>Applicant Name:</b>	Kutha, Colton
<b>Applicant Address:</b>	605 5th Ave Menominee, MI 49858
<b>Applicant Telephone #:</b>	(906) 290-0445
<b>Name of Facility:</b>	Kutha Adult Foster Care
<b>Facility Address:</b>	605 5th Ave Menominee, MI 49887
<b>Facility Telephone #:</b>	(906) 863-8265 12/02/2024
<b>Application Date:</b>	
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/07/2024	Inspection Completed-Fire Safety : A See AM550409860.
12/02/2024	Enrollment
12/02/2024	PSOR on Address Completed
12/03/2024	Application Incomplete Letter Sent Waiting on corrected app
12/03/2024	Contact - Document Received Corrected app and 1326.RI030 for both and AFC-100.
12/03/2024	Comment Fingerprints for Janice sent to candace.
12/06/2024	File Transferred To Field Office
12/15/2024	Application Incomplete Letter Sent
05/04/2025	Application Complete/On-site Needed

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. PHYSICAL DESCRIPTION OF FACILITY

The facility is a large, double-story home built in 1984. The facility is connected to the Licensee's large residential home. It is located in the city of Menominee. The home is currently licensed as an AFC Home and has been since 1996. (License #AM550071331 – Licensee: Janice Kutha and recently AM550409860 – licensee Hilary Kutha). Hilary Kutha requested withdrawal of the current license when licensure is granted to Mr. Colton Kutha. Mr Colton Kutha and Mrs. Hilary Kutha have been working and living in

the home as the owners since 2021. All current residents will remain in the home during the license change transition.

The property sits in a residential setting and is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home was purchased by Colton and Hilary Kutha from Ms. Janice Kutha. A copy of the land contract is maintained in the file. There is also a letter on file from Ms. Kutha granting use of the property as an adult foster care facility.

The double story home has 2940 square feet and is not handicapped accessible. There are 6 approved bedrooms. The home has a mini kitchen with a refrigerator, microwave, and combined dining area on each floor. All meals are prepared in the Licensee's attached large home kitchen and brought into the facility portion of the home. The private kitchen was inspected by this consultant and found to be in compliance with environmental rules. There are 2 large living/recreational rooms and a large outdoor fenced area available for resident use. Three bedrooms are located on the upper level of the facility and three bedrooms are located on the lower level. There are 2 resident bathrooms, one on each floor, both of which have full shower/tub facilities. The home is very neat, clean, and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1 (upper level)	146 sq. ft.	Approved capacity 2
Bedroom #2 (upper level)	135 sq. ft.	Approved capacity 2
Bedroom #3 (upper level)	155 sq. ft.	Approved capacity 2
Bedroom #4 (lower level)	136 sq. ft.	Approved capacity 2
Bedroom #5 (lower level)	148 sq. ft.	Approved capacity 2
Bedroom #6 (lower level)	156 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility utilizes municipal water and sewer services. An internal environmental inspection was completed in the facility and the private quarters of the Kutha's by this consultant on 09/22/2025 noting full compliance with the applicable environmental rules.

The gas furnace and hot water heater are located in the basement. Floor separation is achieved with a metal 20-minute fire rated door with an automatic self-closing device and positive latching hardware located between the lower and upper floor of the facility.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Heat detectors are located in the kitchen and furnace room. Smoke detectors are located near the sleeping areas and near all flame or heat producing equipment. The

facility and the attached private home was inspected by The Bureau of Fire Services and given full approval on 03/7/2025.

### **A. Program Description**

The facility proposes to serve both male and female adults (18 years and older) that are Developmentally Disabled, Aged, and Mentally Ill. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The home also provides Visiting Physicians as an option to residents. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

### **C. Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Colton Kutha, the licensee/administrator. Mr. Kutha submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Kutha has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 12-bed facility is adequate and includes a minimum of 2 staff per 6 residents on the awake-shift and 2 staff per 6 residents during the sleep shift.

The licensee acknowledged an understanding of the training and qualification 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they

will utilize the Michigan Long Term Care Partnership website ([www.miltpartnership.org](http://www.miltpartnership.org)) to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their 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 licensee acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. 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 AFC adult medium group home (capacity 7-12).

*Maria Debacker*

12/4/25

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Maria Debacker  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

12/5/25

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Russell B. Misiak  
Area Manager

Date