



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

September 25, 2012

Thomas Zmolek
MOKA Non-Profit Services Corp
Suite 201
3391 Merriam Street
Muskegon, MI 49444

RE: Application #: AS030318209
Jones Circle
205 Thomas St.
Allegan, MI 49010

Dear Mr. Zmolek:

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 an acceptable 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) 356-0100.

Sincerely,

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS030318209

Applicant Name: MOKA Non-Profit Services Corp

Applicant Address: Suite 201
3391 Merriam Street
Muskegon, MI 49444

Applicant Telephone #: (231) 830-9376

Administrator/Licensee Designee: Thomas Zmolek, Designee

Name of Facility: Jones Circle

Facility Address: 205 Thomas St.
Allegan, MI 49010

Facility Telephone #: (269) 355-1377

Application Date: 04/16/2012

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/16/2012	Enrollment
04/17/2012	Contact - Document Sent Rules & Act booklets
04/23/2012	Application Incomplete Letter Sent
09/12/2012	Inspection Completed On-site
09/24/2012	Contact - Document received Final licensing paperwork received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story ranch home located in a residential neighborhood in Allegan, MI. The structure was originally built to the specifications of the AIS/MR program. The facility has 4 bedrooms, all for resident use. Bedroom #1, on the southeast corner of the facility, will have 2 residents, as will Bedroom #2 on the northeast side of the facility. Bedroom #3 on the south side and Bedroom #4 on the north side will be single occupancy rooms. Two full bathrooms are located in the hallway next to the bedrooms. One bathroom has a tub and the other a walk-in shower. The living room, dining room and activity room are located in the central area of the home. The kitchen, staff office and laundry area are located on the west side of the facility. The facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. The facility has public water and sewage.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" x 14'11"	161	2
2	15'6" x 10'10"	167	2
3	10'10" x 14'11"	161	1
4	15'6" x 10'11"	169	1

The living, dining, and activity room areas measure a total of 669 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The gas furnace and hot water heater are contained in a 1 hour rated fire enclosure located in the garage of the facility. Bremer & Bouman conducted a furnace inspection on 09/10/2012 and it was found to be in good working condition. The facility also has

an operational sprinkling system as that had been required for the facility's original use. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Cofessco Fire Protection conducted tests on the alarm system and the sprinkler system on 08/08/2012 and on 09/06/2012 completed repairs to those systems.

Based on the above information, it is concluded that this facility can accommodate six (6) 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 (6) male or female adults who are developmentally disabled, 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 Allegan Co. Community Mental Health; the licensee has contracted with CMH to provide services.

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 resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs, as identified in the CMH contract. 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 MOKA Corporation, which is a "Non Profit Corporation" established in Michigan, on 10/02/1978. 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 Board of Directors of MOKA Corporation has submitted documentation appointing Thomas Zmolek as Licensee Designee for this facility and Lynette VanDuine 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 2 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, 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 in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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.

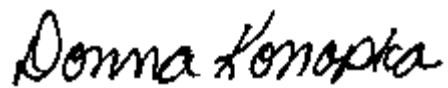
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 issuance of a six-month temporary license to this adult foster care small group home (capacity 6).



09/25/2012

Donna Konopka
Licensing Consultant

Date

Approved By:



09/25/2012

Jerry Hendrick
Area Manager

Date