



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

December 4, 2015

Thomas Zmolek
MOKA Non-Profit Services Corp
Suite 201
715 Terrace St.
Muskegon, MI 49440

RE: Application #: AS610379818
Harbor Pines
6459 Harbor Pines Lane
Norton Shores, MI 49444

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 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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS610379818

Applicant Name: MOKA Non-Profit Services Corp

Applicant Address: Suite 201
715 Terrace St.
Muskegon, MI 49440

Applicant Telephone #: (231) 830-9376

Administrator/Licensee Designee: Thomas Zmolek, Designee
Salvatore Maniscalco, Administrator

Name of Facility: Harbor Pines

Facility Address: 6459 Harbor Pines Lane
Norton Shores, MI 49444

Facility Telephone #: (231) 798-4895

Application Date: 09/30/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

METHODOLOGY

09/30/2015	Enrollment
10/01/2015	Contact - Document Received E-mail from MOKA Lisa Perdais.
10/06/2015	Contact - Document Sent Rules & Act booklets
10/08/2015	SC-Application Received - Original
10/14/2015	Contact - Document Received E-mail received from Lisa Perdaris concerning fingerprints.
10/15/2015	Contact - Document Received Received e-mails from Lisa Perdaris concerning fingerprinting.
11/10/2015	Contact - Document Received Received e-mail from Salvatore Maniscalco with attachments of Floor Plans.
11/10/2015	Contact - Document Received From Salvatore Maniscalco I received an e-mail with the attachment of "City of Norton Shores Building Division Certificate OF Occupancy."
11/30/2015	Contact - Document Received E-mail from Salvatore Maniscalco. He stated they were ready for the inspection.
12/02/2015	Application Complete/On-site Needed
12/02/2015	Inspection Completed On-site
12/03/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The beautifully decorated single story ranch style home is of a new construction and is located in a subdivision of North Shores. The home is at the end of a cull de sac which has all new homes. The back of the home faces a large wooded lot. The home has a front porch with a two stall attached garage along with a single stall attached garage. The main floor has a large entry way, a great room, a kitchen, a walk in pantry, an office, a medication room, a laundry room, three full baths and one ½ bath, a mechanical room, two single resident bedrooms, two double occupancy resident bedrooms, a sun room and a dining room with an attached covered porch, unheated. The home was built for wheelchair accessibility with two gradual inclines with the required ratios (one inch per foot) to the main floor which includes two means of entrance and egress. The home has public water and sewage.

The gas furnace and tank-less on-demand gas water heater are located on the main floor enclosed in a room that was constructed of materials that provide a 1-hour fire-resistance rating with a 1-3/4 inch solid door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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	13' 8 ½" x 11' 7 ½"	158.1828	2
#2	13' 8" x 11' 2" plus 2' x 5'	162.5822	2
#3	9' 4" x 11' 4"	105.7099	1
#4	9' 4" x 11' 4"	105.7099	1

The living, dining, sun room and office room areas measure a total of 909.9617 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 (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 whose diagnosis is developmentally disabled or mentally impaired, 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 Muskegon County CMH, (Health West) 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 resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. 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 Non-Profit Services Corporation Inc., which is a "Non Profit Corporation", was 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 Non-Profit Services Corporation Inc. have submitted documentation appointing Thomas Zmolek as Licensee Designee for this facility and Salvatore Maniscalco 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 six (6) bed facility is adequate and includes a minimum of one (1) staff –to-six (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.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

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

Arlene B. Smith 12/03/15
Arlene B. Smith, Licensing Consultant Date

Approved By:
Jerry Hendrick 12/04/2015
Jerry Hendrick, Area Manager Date