



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 10, 2021

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

RE: Application #: AS410410572
Waterfall Trail
5346 Rischow Dr.
Wyoming, MI 49509

Dear Ms. Hamlet:

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 4 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) 356-0183.

Sincerely,

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

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
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 #: AS410410572

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: Tracey Hamlet, Designee
Sergejs Toms Zvirgzds, Administrator

Name of Facility: Waterfall Trail

Facility Address: 5346 Rischow Dr.
Wyoming, MI 49509

Facility Telephone #: (616) 281-0917

Application Date: 10/13/2021

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

10/12/2021	Contact - Document Received Waterfall Trail Special Certification, Program Statement, Admission Policy, Policy Transmission - Exit Conference, Deed, Employee Identification Number, Approval of Licensee Designee-Tracey Hamlet, MOKA Corporation By-Laws, Nonprofit Certificate, Staffing Pattern, Budget, Floor plan, HCBS Residential Provider Provisional Approval application of Waterfall Trail, Manager Employees, MOKA-Licensed Homes and closed homes, and Organization Chart-simplified.
10/12/2021	SC-Application Received – Original MIDD.
10/13/2021	Enrollment
10/13/2021	Application Incomplete Letter Sent AFC 100 for Administrator
10/14/2021	Contact - Document Received AFC 100 for Administrator Sergejs Toms Zvirgzds
10/14/2021	File Transferred To Field Office GR via SharePoint
11/01/2021	Contact - Document Received Tracey Hamlet's medical clearance as the Licensee Designee, TB, and Record Clearance Fingerprints.
11/04/2021	Inspection Completed On-site Met with the Administrator, Sergejs Toms Zvirgzds and conducted the initial inspection. Reviewed documents.
11/04/2021	Inspection Completed-BCAL Full Compliance
11/04/2021	Application Complete/On-site Needed
11/05/2021	Contact - Document Received Received MOKA's Personnel Policies.
11/08/2021	Contact - Document Received Updated Fingerprint/1326/RI 030 for Licensee Designee
11/08/2021	Contact - Document Received Received the receipt of Tracey Hamlet, FingerPrints IndentoGo.

11/08/2021	Contact - Document Received Received an email from our staff in Lansing Dana Trierweiler, she stated that it should be all set for Tracey Hamlets fingerprints to be completed as Licensee Designee, for MOKA.
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style home built in 2015, of wood construction and is located in the city of Wyoming. The home has a open floor plan with 9 ft. ceilings. There is a large entry way that enters into the open floor plan which includes the living room. The kitchen has a center island and a dining area right off the kitchen. Off the dining area is sliding doors that lead to a deck area with stairs to the ground. The laundry room is on the main floor and there are three resident bedrooms on the main floor. The large bedroom off the kitchen has a full bath with a double vanity and a walk-in closet. The other two bedrooms are off the living room with a full bath between them. The home has a two-stall attached garage with a door off the main floor leading directly to the garage and a main entry door which both have been approved as the two means of egress off the main floor. There is a set of stairs to the lower level with a door at the bottom of the stairs. There is full bathroom and one office room and one resident bedroom and a large family room that leads directly to the outside. The back yard is totally fenced in. The home is not wheelchair accessible. The home will utilize public water and sewage. The gas furnace and hot water heater are located in the lower level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of the stairs. At the bottom of the stairs there is an enclosed room, to the right which leads to the enclosed furnace room which also contains the hot water heater. This room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The furnace room has two sets of drywall applied to the inside of the studs and on the ceiling. There is a second door that leads out of the furnace room to a storage area. 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	14' 6" x 12' 4"	178.79	1
#2	10' 2" x 10' 10"	102.72	1
#3	10' 9" x 11' 4"	121.80	1
#4	11' 2" x 12' 8"	131.41	1

The living room, dining room, office, family room measure a total of 938.48square 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 four 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 four male or female ambulatory adults whose diagnosis is developmentally disabled and/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 network 180 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 Corp, 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 Corp, Inc. have submitted documentation appointing Tracey Hamlet as Licensee Designee for this facility and Sergejs Toms Zvirgzds, 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 applicant 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 4 bed facility is adequate and includes a minimum of 1-staff-to-4 residents per shift. The applicant states 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 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.

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 temporary license to this AFC adult small group home capacity 4.

Arlene B. Smith

11/10/2021

Arlene B. Smith, MSW

Date

Licensing Consultant

Approved By:



11/10/2021

Jerry Hendrick
Area Manager

Date