



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 13, 2024

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

RE: License #: AS410069300  
**Oak Valley Home**  
**3970 Oak Valley Court, SW**  
**Wyoming, MI 49519-3775**

Dear Ms. Hamlet:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410069300
<b>Licensee Name:</b>	MOKA Non-Profit Services Corp
<b>Licensee Address:</b>	Suite 201 715 Terrace St. Muskegon, MI 49440
<b>Licensee Telephone #:</b>	(616) 719-4263
<b>Licensee/Licensee Designee:</b>	Tracey Hamlet, Designee
<b>Administrator:</b>	Tracey Hamlet
<b>Name of Facility:</b>	Oak Valley Home
<b>Facility Address:</b>	3970 Oak Valley Court, SW Wyoming, MI 49519-3775
<b>Facility Telephone #:</b>	(616) 249-9569
<b>Original Issuance Date:</b>	05/03/1996
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/13/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Home Supervisor

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain. They had none.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. The Licensee agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and a special certification.

*Arlene B. Smith*

11/13/2024

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Arlene B. Smith  
Licensing Consultant

Date