



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 23, 2025

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

RE: License #: AS610303022  
**Oxford Circle**  
**3293 Orshal Rd.**  
**Whitehall, MI 49461**

Dear Ms. Hamlet:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,



Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

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

**I. IDENTIFYING INFORMATION**

**License #:** AS610303022

**Licensee Name:** MOKA Non-Profit Services Corp

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

**Licensee Telephone #:** (616) 719-4263

**Licensee/Licensee Designee:** Tracey Hamlet

**Administrator:** Daniyel Baer

**Name of Facility:** Oxford Circle

**Facility Address:** 3293 Orshal Rd.  
Whitehall, MI 49461

**Facility Telephone #:** (231) 766-9286

**Original Issuance Date:** 07/21/2009

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/19/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 09/15/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- 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.  
No meal at the time of inspection.
- 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.
- 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 found to be in non-compliance with the following rules:

**R 400.623**

**Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.**

(2) An applicant, licensee, and administrator shall be competent in all of the following areas:

(b) First aid.

**FINDINGS: During an on-site inspection, it was found that multiple staff had no documentation of 1<sup>st</sup> Aid training in their file: Mike Renna, Nathan Payne, John Howie, Jessica Jewett and Sherrie David. Home Manager Kim Thelen and Residential Coordinator Arlene Hines searched and could not find the documents. They stated they are in the computer system but were not able to bring them up to show this Consultant.**

**R 400.623**

**Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.**

(2) An applicant, licensee, and administrator shall be competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

**FINDINGS: Multiple staff had no documentation of CPR training in their file: Mike Renna, Nathan Payne, John Howie, Jessica Jewett and Sherrie David. Home Manager Kim Thelen and Residential Coordinator Arlene Hines searched and could not find the documents. They stated they are in the computer system but were not able to bring them up to show this Consultant.**

**R 400.629**

**Direct care staff; qualifications and training.**

(4) Direct care staff shall possess all of the following qualifications before working independently:

(a) Be capable of meeting the physical, emotional, intellectual, and social needs of each resident.

**FINDINGS: Multiple staff had no documentation of their Eligibility Letter in their file: Kim Thelen, Mike Renna, Nathan Payne, John Howie, Jessica Jewett, and Sherri David. Home Manager Kim Thelen and Residential Coordinator Arlene Hines searched and could not find the documents. They stated they are in the computer system but were not able to bring them up to show this Consultant.**

**R 400.631**

**Health screenings.**

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

**FINDINGS: Multiple staff had no documentation of Health Screens or annual statements in their file; Kim Thelen, Nathan Payne, John Howie, Jessica Jewett, and Sherri David. Home Manager Kim Thelen and Residential Coordinator Arlene Hines searched and could not find the documents. They stated they are in the computer system but were not able to bring them up to show this Consultant.**

**R 400.631**

**Health screenings.**

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

**FINDINGS: Multiple staff had no documentation of TB screening in their file: Kim Thelen, Mike Renna, Nathan Payne, John Howie, and Jessica Jewett. Home Manager Kim Thelen and Residential Coordinator Arlene Hines**

**stated the test was completed. They searched and could not find the documents.**

On December 22, 2025, I conducted an exit conference with Designee Tracey Hamlet. I informed her of the findings. She stated a meeting will be held with leadership to discuss the findings and it will be addressed across all MOKA homes. I informed her of the need for a Corrective Action Plan of which she understood and agreed to send.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

 December 23, 2025

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Rebecca Piccard  
Licensing Consultant

Date