



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 #: AS610419070
Brooks
599 S. Brooks Rd
Muskegon, MI 49442

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 #: AS610419070

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: Tracey Hamlet

Name of Facility: Brooks

Facility Address: 599 S. Brooks Rd
Muskegon, MI 49442

Facility Telephone #: (231) 830-9376

Original Issuance Date: 07/09/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
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: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 2

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.
- 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 staff Tamekia Bailey had no first aid training documentation. Residential Coordinator Darcy Torrey stated that the training was completed but not available at the home for review.

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: During an on-site inspection it was found that staff Tamekia Bailey had no CPR training documentation. Residential Coordinator Darcy Torrey stated that the training was completed but not available at the home for review.

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: During an on-site inspection it was found that staff Tamekia Bailey had no eligibility letter in the file. Residential Coordinator Darcy Torrey stated that the letter was received but not available at the home for review.

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: During an on-site inspection it was found that staff Devetta Beacham, Yahyria Mitchell, Deachia Childrey-Butts, and Tamekia Bailey had no health documentation available to view. Residential Coordinator Darcy Torrey stated that the statements were signed by staff but she was unable to show them for review. She further stated that no staff annual health statements would be available for review, not just the files I was looking at.

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: During an on-site inspection it was found that staff Devetta Beacham, Yahyria Mitchell, Deachia Childrey-Butts, and Tamekia Bailey had no communicable disease screening documentation available to view. Residential Coordinator Darcy Torrey stated that the statements were signed by staff but she was unable to show them for review. She further stated that no staff communicable disease statements would be available for review, not just the files I was looking at.

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

Rebecca Piccard
Licensing Consultant

Date