



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2026

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

RE: License #: AS610419070
Investigation #: 2026A0340059
Brooks

Dear Ms. Hamlet:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,



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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610419070
Investigation #:	2026A0340059
Complaint Receipt Date:	09/03/2026
Investigation Initiation Date:	09/04/2026
Report Due Date:	11/02/2026
Licensee Name:	MOKA Non-Profit Services Corp
Licensee Address:	Suite 201 715 Terrace St. Muskegon, MI 49440
Licensee Telephone #:	(616) 719-4263
Administrator:	Kiersten Cudney
Licensee Designee:	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
License Status:	REGULAR
Effective Date:	01/08/2026
Expiration Date:	01/07/2028
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED, MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A is being administered medication brought in by family without a prescription.	Yes

III. METHODOLOGY

09/03/2026	Special Investigation Intake 2026A0340059
09/04/2026	APS Referral
09/04/2026	Special Investigation Initiated - Telephone Healthwest- Caitlin Keglovitz-Clinical Services Supervisor
09/09/2026	Inspection Completed On-site
09/09/2026	Contact - Telephone call made Asst Manager Kim Bertoi
09/09/2026	Contact - Telephone call made Liz Elliott
09/10/2026	Contact – Telephone call made Tracey Hamlet
09/30/2026	Exit Conference Tracey Hamlet

ALLEGATION: Resident A is being administered medication brought in by family without a prescription.

INVESTIGATION: On September 3, 2026, a complaint was filed with the BCHS Online Complaints. It stated medications are being passed to Resident A without an active order. When questioned, staff stated that the medication is in the EMAR so they have to follow administration requirements accordingly even though the guardian purchased the medication Melatonin and provides it to the home. The Melatonin prescription expired in June 2026 and has not been refilled by the pharmacy so the guardian brings it in.

On September 3, 2026, I contacted the Healthwest Clinical Services Supervisor, Caitlin Keglovits. I asked her if she had additional information regarding this allegation. Ms. Keglovits stated she was aware of the allegation and that the prescription had expired because Resident A had missed the last psychiatric

appointment for medication renewal in June 2026. Ms. Keglovits shared concerns that no one is auditing the medication administration record (MAR) to see that there is no active prescription.

On September 9, 2026, I conducted an unannounced home inspection. I spoke with staff Teresa Wilson. She informed me that she does not have access to the MAR as she does not pass medication. Ms. Wilson called the home supervisor (Shannon Lamb) to provide assistance and she came to the home to meet in person.

Ms. Lamb was unable to locate previous month's MAR or the orders for Resident A's medications. She informed me that Assistant Home Manager Kim Bertoi handles the medications and would be able to assist me. I was provided Ms. Bertoi's contact information.

On September 9, 2026, after I left the home, I called Licensing Consultant Eliabeth Elliott who had conducted an investigation recently at the Brooks home. She confirmed she had substantiated a medication rule violation in May 2026 due to Ms. Bertoi passing the wrong medication to a resident. This finding is summarized in Special Investigation Report #2026A0356033 and substantiates a violation of rule 675 (1). A Corrective Action Plan was subsequently received and approved.

On September 9, 2026, I called Asst Manager Kim Bertoi. She had been informed of the allegation regarding Resident A being given Melatonin without an active order. She stated that the home does not maintain copies of the orders so she is not able to provide that for me. I asked her about audits of the medication cart and she stated that her audits compare what is in the MAR to the medications in the cart. Verifying orders is not part of the audit she conducts.

We discussed the orders being outdated which she stated was due to a missed medication review appointment. When I asked why the appointment was missed, she stated it was a lack of communication regarding the time of the appointment and who was taking Resident A. We further discussed that it is necessary to be able to access the medication orders, especially for medication auditing purposes.

I asked Ms. Bertoi to send me the last three months of Resident A's MAR, as well as the Melatonin order, or most recent order that they had. Ms. Bertoi stated that all orders are shredded after six months. I asked why this would be done and she stated that it was what she was instructed to do, but was not able to provide who told her to do that. I provided consultation and stated it would be in their best interest to not shred any orders. Because of this, Ms. Bertoi confirmed that Resident A's Melatonin was expired in June of this year but was continued to be passed without a valid script.

On September 10, 2026, I contacted Designee Tracey Hamlet to inform her of the allegation. We discussed the previous investigation and substantiation and how it may affect the outcome of this investigation as well.

On September 11, 2026, I received an email from Administrator Kiersten Cudney. She provided me with copies of the past three months of MARs for Resident A, as well as the Melatonin orders for Resident A. She also confirmed that the Melatonin prescription expired in June 2026 but remained on the MAR without the active order. She also confirmed that the provider sends prescriptions directly to the pharmacy and the pharmacy maintains the MAR and the home does not keep copies of the active orders and is not able to access what is or is not active.

I reviewed the MAR copies provided by Ms. Cudney. Melatonin 5MG Capsule was administered to Resident A every day at 8 PM in June, July, August, and thus far in September 2026. The order for the Melatonin was dated 3/6/26 by Andrea MacIntosh of Healthwest. Ms. Cudney sent a new order dated 8/31/26 for the same prescription from the same provider.

APPLICABLE RULE	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	The allegation was made that Resident A is being administered Melatonin without a prescription. Ms. Bertoi and Ms. Cudney provided evidence in the MAR and the documented orders that Resident A was in fact being given Melatonin after the order expired on 6/6/26. This continued daily until a new order was signed on 8/31/2026. It was also discovered that orders are not kept in the home or accessible by staff to conduct proper audits of the MAR and the medication cart so expiration dates of orders or prescriptions are not monitored nor would the error be caught by staff. There is a preponderance of evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION: During the course of investigating the above allegation, I discovered that Ms. Wilson did not have access to the MAR. There was no one else at the home during this time. I discussed with Ms. Wilson the issue of her not being able to pass medications even if someone else were to arrive in time for passing

medication. It did not occur to her that unexpected health needs or unexpected PRN's would require the ability to pass a medication and document in the MAR.

When I discussed this with Ms. Bertoi, she stated that staff only know how to pass medications and do not know how to access the MAR. I informed her that it would be insufficient training to pass medication without being able to access the medication information. The MAR is also where the documentation is for Licensing Consultants to review upon request and for individuals to audit the medication cart. Ms. Bertoi stated she is the only person to audit the medication cart.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Staff Teresa Wilson was working alone and did not have access to the MAR in order to pass medication if needed. Ms. Bertoi stated staff do not know where to find the MAR even if they do pass medication.
CONCLUSION:	VIOLATION ESTABLISHED

On September 30, 2026, I conducted an exit conference with Designee Tracey Hamlet. We discussed the allegations and findings as well as the rule violations. I informed her of the need for a Corrective Action Plan which she agreed to send. She had no further questions.

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the current license remain unchanged.



September 30, 2026

Rebecca Piccard
Licensing Consultant

Date

Approved By:



September 30, 2026

Jerry Hendrick
Area Manager

Date