



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

November 1, 2006

Thomas Zmolek
MOKA Non-Profit Services Corp
Suite 201
3391 Merriam St.
Muskegon, MI 49444

RE: Application #: AS410285578
Emma Ct. Home
1465 Emma Ct. SW
Wyoming, MI 49509

Dear Mr. Zmolek:

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 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100 or (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0117

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS410285578
Applicant Name:	MOKA Non-Profit Services Corp
Applicant Address:	Suite 201 3391 Merriam St. Muskegon, MI 49444
Applicant Telephone #:	(231) 830-9376
Administrator/Licensee Designee:	Thomas Zmolek, Designee Beth Ann Hoffer, Adminstrator
Name of Facility:	Emma Ct. Home
Facility Address:	1465 Emma Ct. SW Wyoming, MI 49509
Facility Telephone #:	(616) 534-5705
Application Date:	08/22/2006
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/22/2006	Enrollment
08/25/2006	File Transferred To Field Office Grand Rapids
08/29/2006	Comment App rec'd in GR
08/29/2006	Application Incomplete Letter Sent
09/21/2006	Inspection Completed – On site
09/22/2006	Confirming Letter Sent
10/20/2006	Inspection Completed – On site Re-inspection
10/26/2006	Inspection Completed – On site Re-inspection
10/26/2006	Inspection Completed - BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with a lower level walk-out that is more than 50% above grade. The home is located on nearly 3 acres in the city of Wyoming, in a subdivision of similarly constructed homes. The main floor consists of a living room, dining room, kitchen, a full bathroom, ½ bathroom, 3 resident bedrooms, and a 4th bedroom that will be used as office space for staff. The lower, walk-out level consists of a sitting room, bathroom with a shower, 1 resident bedroom, laundry facilities, storage room, and the heat plant. Means of egress from the lower level include the stairs to the main level, a window in the resident bedroom, and an exit door off of the lower level sitting room that opens directly to the outside of the facility. The facility is not currently barrier free or handicap accessible, although the licensee is considering adding ramps at the front and back exits in the future. Smoke detectors powered from the building's electrical system have been installed on each level of the home by a licensed electrician with single station, battery back up detectors also installed on each level. When activated, the alarm is audible in all sleeping rooms with the doors closed. A 1¾ - inch solid core door with an automatic self closer has been installed on the enclosed heat plant located on the lower level.

Resident bedrooms were measured during the initial on-site inspection and have the following dimensions:

Resident bedroom #1 is 156 sq. ft for 1 resident
Resident bedroom #2 is 121 sq. ft. for 1 resident
Resident bedroom #3 is 110 sq. ft. for 1 resident
Resident bedroom #4, on the lower level, is 169 sq. ft. for 1 resident

The living room, dining room, and sitting room areas measure a total of 540 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the responsibility of the licensee to not exceed the licensed resident capacity.

This home has never been licensed as an adult foster care group home.

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 4 men or women who have a diagnosis of a developmental disability in the least restrictive environment possible. The facility is not handicap accessible so individuals who are non-ambulatory cannot be considered. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as these needs are identified in the Assessment Plan and as the resident/ responsible person prioritize at admission. Resident referrals will be made primarily from the network 180 (formerly Kent Co. CMH).

If identified as a need in the assessment and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and with the prior approval of the resident, guardian, or the responsible person.

The applicant will work with local transportation providers to assure that residents have transportation to a day program, school program, or employment. The applicant will work with the resident, guardian, responsible person, and case manager to assure that residents have transportation to medical and/or other appointments. The applicant will utilize local community resources as they are available and as residents are interested in participating in.

C. Applicant and Administrator Qualifications

The applicant is a domestic, non-profit corporation in good standing with the State of Michigan. The corporation was formed in Michigan on October 2, 1978, and operates in Muskegon, Ottawa, Kent, and Allegan Counties. The corporation has a board of directors, including the agency director who is also the licensee designee.

A review of the 2005 independent audited financial statement completed by the Crowe Chizek and Company, LLC supports that the corporation is financially stable.

The licensee designee was appointed, in writing, by the corporate board of directors. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and the administrator submitted a medical clearance request with a statement from a physician documenting 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 awake shift and 1 staff to 4 residents during the sleep shift. If residents are accepted who require awake staff during the sleep shift, then awake staff will be provided during the sleep hours.

The licensee designee acknowledged an understanding of the training and qualification 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 licensee designee 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.mltcpartnership.org), Identix, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The licensee designee acknowledged 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 licensee designee 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 licensee designee acknowledged his responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledged his responsibility to maintain a current employee record on file in the home for the licensee designee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The licensee designee acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy

of those rights. The licensee designee indicated that it is his intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledged 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 licensee designee has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledged his responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee designee acknowledged his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 4).



10/31/2006

Grant Sutton
Licensing Consultant

Date

Approved By:



10/31/2006

Christopher J. Hibbler
Area Manager

Date