



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

February 26, 2010

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

RE: Application #: AS610305968  
Skyline Home  
3297 Orshal Rd.  
Whitehall, MI 49461

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 4 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 at (231) 922-5309.

Sincerely,

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Grant Sutton, Licensing Consultant  
Bureau 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  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS610305968

**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  
Jessica Payne, Administrator

**Name of Facility:** Skyline Home

**Facility Address:** 3297 Orshal Rd.  
Whitehall, MI 49461

**Facility Telephone #:** (231)766-3583

**Application Date:** 11/23/2009

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

11/23/2009	Enrollment
12/17/2009	File Transferred To Field Office Grand Rapids
12/17/2009	Contact - Document Sent Rule & ACT Books
12/21/2009	Comment App rec'd GR
12/28/2009	Application Incomplete Letter Sent
01/04/2010	Inspection Report Requested - Health
02/01/2010	Inspection Completed - Environmental Health: A
02/22/2010	Inspection Completed On-site
02/22/2010	Inspection Completed-BFS Substantial Compliance
02/24/2010	Inspection Completed-BFS Full Compliance Re-inspection

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a newly constructed ranch style home located in rural Whitehall on approximately 5 wooded acres. The facility consists of a great room, dining room, kitchen, 4 resident bedrooms, 2 full bathrooms, a staff office, and a 5<sup>th</sup> bedroom which will be used as an additional sitting room. The facility is barrier free. The facility is constructed on a concrete slab so no ramps are necessary from the 2 means of egress.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. Access to the furnace room is from outside the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'2" x 10'8"	151 sq. ft.	1
2	8'10" x 12'9"	112 ½ sq. ft.	1
3	8'10" x 12'9"	112 ½ sq. ft.	1
4	11'2" x 9'8"	107 ½ sq. ft.	1

The great room, dining area, and sitting room measure a total of 1,047 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **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 four (4) male adults who may be ambulatory or non-ambulatory whose diagnosis is developmentally disabled, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: Muskegon County Community Mental Health Services.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant, MOKA Non-Profit Services Corp., which is a "Non Profit Corporation" was established in Michigan, on 10/02/1978 and is in good standing with the Department of Labor and Economic Growth with the State of Michigan. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of MOKA Non-Profit Services Corp. have submitted documentation appointing Thomas Zmolek as Licensee Designee for this facility and Jessica Payne as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their 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 3 staff –to- 4 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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 applicant 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.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges 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 applicant 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 applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges 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 applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.


The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

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



02/26/2010

Grant Sutton  
Licensing Consultant

Date

Approved By:



02/26/2010

Christopher J. Hibbler  
Area Manager

Date