



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 31, 2011

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

RE: Application #: AS700312039
Indian Trails Home
0-1859 Lake Michigan Dr. NW
Grand Rapids, MI 49534

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 3 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.

Sincerely,

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 #:	AS700312039
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 Candy Potgetter, Administrator
Name of Facility:	Indian Trails Home
Facility Address:	0-1859 Lake Michigan Dr. NW Grand Rapids, MI 49534
Facility Telephone #:	(616) 734-8996
Application Date:	01/18/2011
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/18/2011	Enrollment
01/27/2011	Contact - Document Sent Rule & ACT Books
01/27/2011	Application Incomplete Letter Sent 1326's for Thomas Zmolek & Candy Potgeter
02/11/2011	Contact - Document Received 1326's for Thomas Zmolek & Candy Potgeter
02/17/2011	Application Complete/On-site Needed
02/17/2011	File Transferred To Field Office Grand Rapids
02/22/2011	Inspection Report Requested - Health
02/22/2011	Comment Application rec'd in GR
02/23/2011	Application Incomplete Letter Sent
03/10/2011	Inspection Completed-Env. Health : A
03/11/2011	Contact - Document Received All of the information requested in the Application Incomplete letter.
03/16/2011	Inspection Completed On-site
03/16/2011	Inspection Completed-BCAL Sub. Compliance
03/17/2011	Confirming Letter Sent
03/30/3011	Inspection Completed-BCAL Full Compliance Re-inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home of newer construction located in a wooded area between Grand Rapids and the lake shore. The main floor consists of a living room, dining area, activity room, kitchen, 3 resident bedrooms, and 2 ¾ bathrooms. The facility is not currently approved for wheelchair use. The facility utilizes private water

and septic systems. An environmental health inspection conducted on 3/10/2011 resulted in an “A” rating, indicating full compliance with all applicable rules related to private water and septic systems. Trash/garbage will be removed via a contracted trash hauler on a weekly basis.

The gas furnace and hot water heater are located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the basement stairs. The facility is equipped with an 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	15' x 15'	225 sq. ft.	1
2	12' x 12'	144 sq. ft.	1
3	12' x 9'	108 sq. ft.	1

The living, dining, and activity room areas measure a total of 744 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 **three** (3) 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 **three** (3) male or female ambulatory adults 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. The applicant intends to accept residents from Ottawa County CMH for referrals.

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 is MOKA Non-Profit Services Corp. which is a “Non Profit Corporation” was established in Michigan, on 10/02/1978. 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. has submitted documentation appointing Thomas Zmolek as Licensee Designee for this facility and Candy Potgetter 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 3 bed facility is adequate and includes a minimum of 1 staff -to- 3 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, 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) 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 residents' 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3).

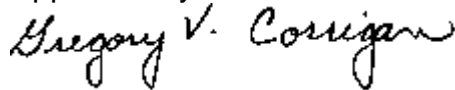


03/31/2011

Grant Sutton
Licensing Consultant

Date

Approved By:



03/31/2011

Gregory V. Corrigan
Area Manager

Date