



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 7, 2014

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

RE: Application #: AS410361581
Belmont Woods
7223 Packer Woods
Belmont, MI 49306

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.

Sincerely,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410361581

Applicant Name: MOKA Non-Profit Services Corp

Applicant Address: Suite 201
3391 Merriam Street
Muskegon, MI 49444

Applicant Telephone #: (231) 830-9376

Administrator/Licensee Designee: Thomas Zmolek, Licensee Designee
Jill La Rose-Becker, Administrator

Name of Facility: Belmont Woods

Facility Address: 7223 Packer Woods
Belmont, MI 49306

Facility Telephone #: (616) 883-6623
Fax #(616) 883-6629

Application Date: 05/28/2014

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/28/2014	Enrollment
05/30/2014	SC-Application Received - Original
06/02/2014	Inspection Report Requested - Health 1023066
06/02/2014	Contact - Document Sent Rule & ACT Books
06/02/2014	Application Incomplete Letter Sent 1326/FCL Fingerprint for Thomas Zmolek
06/10/2014	Contact - Document Received 1326/Fingerprint for Thomas Zmolek
06/11/2014	Application Complete/On-site Needed
06/11/2014	File Transferred To Field Office Grand Rapids
06/17/2014	Contact - Telephone call received LeeAnn Shedleski-Holmden and I set the meeting time to inspect the home on 06/24/2014, at 9:00 AM.
06/18/2014	Inspection Completed-Environmental. Health : B I received the Environmental Health Inspection Report on 07/03/2014.
06/18/2014	Inspection Completed-Environmental. Health : A
06/24/2014	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is custom built in approximately 1995/96, barrier-free ranch, of stick framed construction, with the exterior made of brick, on three private acres of land which is landscaped, with underground sprinklers. The home is located on a private street in a wooded subdivision of Plainfield Township, in Belmont, Michigan. The home has a total of 3,876 square feet with 2,388 on the main floor and 1, 488 square feet on the lower level which is above grade. The property is wooded with a pond and raised flower beds. The home has a solar heated in-ground pool that is handicap accessible. The home has

an attached three stall garage with a wheelchair ramp between the garage and the interior of the house. The home has a deck. The main floor has a large handicapped accessible entry way. The home has cathedral ceilings throughout the main floor plus a small atrium area off the living/family room with a tranquil pond and fountain. It also contains green plants and several goldfish. The main floor contains a large family room which is opened to the large kitchen, and contains an eating area. The kitchen contains a door which leads to the deck which overlooks the spiral staircase leading down to the pool. There is a study and/or dining room off the kitchen and another large living room. The laundry is on the main floor, along with a ¾ bathroom. The home has an extra-large master bedroom with tray ceilings, walk in closet, private master suite with Jacuzzi tub, tile shower plus sliders to the deck. The room contains “Rocker light switches,” which can be reached from sitting in a wheelchair. There is a second bedroom and an office on the main floor. There is a wheelchair lift between the lower level and the main floor. The lower level contains a large living room, two bedrooms, a full bathroom, a storage area and a utility room. The lower level has an exit directly to the outside. All the door handles are of the lever type. The home is wheelchair accessible and has 2 approved exits. The floors on both levels are heated. The home will utilize private water along with a septic system.

The boiler is located on the lower level in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility does not have a hot water heater, but it has a Hot Water Holding Tank. The tank fills with cold water and then uses the heated water from the boiler running through coils to heat the cold water for domestic distribution to taps. The storage tank does not have any gas fired devices on it. The home is air conditioned. 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	18' 4 1/2" x 15'11"	291.81	1
# 2	15' 6" x 12' 1"	187.24	1
# 3	15' 5" x 15' 4"	236.39	1
# 4	14' 8" x 13' 10"	202.75	1

The three living rooms, dining room/study, and sitting room areas measure a total of 1331.45 square feet of living space. This complies with the 35 square feet per occupant rule 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 or female ambulatory/or non-ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 Kent County CMH, (network 180) or private pay individuals as a referral source.

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 Corporation, 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 Corporation have submitted documentation appointing Thomas Zmolek as Licensee Designee for this facility and Jill LaRose-Becker as the Administrator.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/ licensee designee and the administrator. The applicant 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 1 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,

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

