



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 11, 2017

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

RE: Application #: AS610386699
Beachwood Dunes
6571 Henry St.
Norton Shores, MI 49441

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 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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

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

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #: AS610386699

Applicant Name: MOKA Non-Profit Services Corp

Applicant Address: Suite 201
715 Terrace St.
Muskegon, MI 49440

Applicant Telephone #: (231) 830-9376

Administrator/Licensee Designee: Thomas Zmolek, Designee/Administrator

Name of Facility: Beachwood Dunes

Facility Address: 6571 Henry St.
Norton Shores, MI 49441

Facility Telephone #: (231) 739-7523

Application Date: 01/30/2017

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/30/2017	Enrollment
01/31/2017	Application Incomplete Letter Sent 1326 for Thomas Zmolek
02/01/2017	Contact - Document Received 1326 for Thomas Zmolek
02/01/2017	File Transferred To Field Office Grand Rapids
02/01/2017	Contact - Document Sent Rule & ACT Books
02/03/2017	SC-Application Received - Original
02/09/2017	Contact - Document Received Received an email from MOKA, Lisa Perdaris with a request to change the name from Henry St. to Beachwood Dunes. There was an attachment to the email that contained their "Program Statement."
02/14/2017	Comment I changed the name from Henry Street to Beachwood Dunes.
03/13/2017	Contact - Document Received I received the Certificate of Occupancy.
03/29/2017	Inspection Completed On-site
04/10/2017	Inspection Completed On-site
04/10/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is of new construction and beautifully decorated. It is a ranch style with wood framed construction and is located in a subdivision of Norton Shores, Michigan. The home is close to Muskegon, Michigan. The home has a small front porch with a three car attached garage. The main floor has a large entry way, a medication room, a great room, a kitchen, a walk in pantry, an office, a laundry room, a mud room, three full baths plus one ½ bath, two individual bedrooms, two bedrooms with double occupancy, a sunroom and a dining room with an unheated covered attached porch. The home was

built for wheelchair accessibility and therefore ramps were not required. The home is wheelchair accessible. The main floor includes two approved means of entrance and egress. There is an additional exit off the porch off the back of the home and a direct exit to the three stall garage. There is also a direct exit to the outside from the mud room. The home has an unfinished basement and residents will not use the basement. The home will utilize public water and sewerage system. The home was inspected for the building of the home on 02/27/2017, for the electrical on 02/13/2017, for the mechanical on 02/14/2017 and for the plumbing on 02/03/2017. I received and reviewed the City of Norton Shores, Building Division, "Certificate of Occupancy," dated 02/27/2017, which was signed by Michael E. Regan, Building Official. The contractor for the building of the home was Raha Builders, LLC.

The gas furnace and waterless heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. 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	13' 8" x 9'	133.51	2
# 2	13' 8' x 9'	133.51	2
# 3	11' 4" x 11'	124.63	1
# 4	11' 4" x 11'	124.63	1

The living, dining, sun room, mud room, office areas measure a total of 1000 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 **six** (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

This six bed AFC home replaces MOKA's Airline Road Home, license # AS610012197, which has been licensed since 09/26/1980. Residents living in the Airline Road Home will be moving to the newly constructed home. 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 six (6) 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 Muskegon County CMH/HealthWest They will consider referrals from Muskegon County DHHS, as well as other DHHS offices. They will consider a private pay resident.

The applicant has applied for a Special Certification for developmental disabled and /or mentally impaired individuals. 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. The home is located directly across from Hoffmaster Park.

C. Applicant and Administrator Qualifications

The applicant is MOKA Non-Profit Corporation, Inc., which is a "Non-Profit Corporation" and 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 Corporation Inc., have submitted documentation appointing Thomas Zmolek as Licensee Designee and as the Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/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 six (6) bed facility is adequate and includes a minimum of two (2) staff –to- six (6) 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 acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this

facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 in a locked medication room 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.

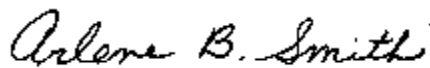
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).




04/10/2017

Arlene B. Smith
Licensing Consultant

Date

Approved By:



04/11/2017

Jerry Hendrick
Area Manager

Date