

RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

June 22, 2016

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

> RE: License #: AS700066637 Felch Street AIS/MR Home 386 Felch Street Holland, MI 49424

Dear Mr. Zmolek:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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,

arlone 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 ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

Licensee Address:Suite 201 715 Terrace St. Muskegon, MI 49440Licensee Telephone #:(231) 830-9376Administrator/Licensee Designee:Thomas Zmolek, DesigneeName of Facility:Felch Street AIS/MR HomeFacility Address:386 Felch Street Holland, MI 49424Facility Telephone #:(616) 399-1134Capacity:6	License #:	AS700066637
Administrator/Licensee Designee:715 Terrace St. Muskegon, MI 49440Licensee Telephone #:(231) 830-9376Administrator/Licensee Designee:Thomas Zmolek, DesigneeName of Facility:Felch Street AIS/MR HomeFacility Address:386 Felch Street Holland, MI 49424Facility Telephone #:(616) 399-1134Capacity:6	Licensee Name:	MOKA Non-Profit Services Corp
Administrator/Licensee Designee:Thomas Zmolek, DesigneeName of Facility:Felch Street AIS/MR HomeFacility Address:386 Felch Street Holland, MI 49424Facility Telephone #:(616) 399-1134Capacity:6	Licensee Address:	715 Terrace St.
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Facility Address:386 Felch Street Holland, MI 49424Facility Telephone #:(616) 399-1134Capacity:6	Administrator/Licensee Designee:	Thomas Zmolek, Designee
Holland, MI 49424 Facility Telephone #: (616) 399-1134 Capacity: 6	Name of Facility:	Felch Street AIS/MR Home
Capacity: 6	Facility Address:	
	Facility Telephone #:	(616) 399-1134
Program Type: DEVELOPMENTALLY DISABLED	Capacity:	6
	Program Type:	DEVELOPMENTALLY DISABLED

II. Purpose of Addendum

The Licensee Designee, Thomas Zmolek, for MOKA Non-Profit Services Corporation has requested a change of name for the facility Felch Street AIS/MR Home to be changed to Summerside.

III. Methodology

The Licensee Designee, Thomas, Zmolek, completed a new application recording the new name of the facility as Summerside. He also provided a letter requesting the change.

IV. Description of Findings and Conclusions

The Licensee Designee, Thomas Zmolek, had contacted me by telephone and then followed the request with a signed letter dated 06/22/2016: "Please accept this letter as notification of a name change for Felch home [AS700066637] to Summerside."

V. Recommendation

I recommend the name of the Felch Street AIS/MR Home be changed to the new name of Summerside, with the same license number, AS700066637.

arlene B. Smith

06/22/2016

Arlene B. Smith Licensing Consultant Date