



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 8, 2020

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

RE: Application #: AS610402297
Terra Nova
505 Lakewood Rd.
Twin Lake, MI 49457

Dear Ms. Hamlet:

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 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,

Arlene B. Smith

Arlene B. Smith, MSW, 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

License #:	AS610402297
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:	Tracey Hamlet, Designee Myra Mieras, Administrator
Name of Facility:	Terra Nova
Facility Address:	505 Lakewood Rd. Twin Lake, MI 49457
Facility Telephone #:	(231) 893-5709
Application Date:	11/07/2019
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/07/2019	Enrollment
11/07/2019	Inspection Report Requested - Health 1030023
11/07/2019	Application Incomplete Letter Sent 1326/RI 030 for LD Tracey Hamlet
11/12/2019	Contact - Document Received Received a packet from MOKA which contained the required documents.
11/12/2019	Contact Document Received Special Certification received.
11/13/2019	Contact - Document Received 1326/RI 030 for Tracey Hamlet
11/13/2019	File Transferred to Field Office Grand Rapids
11/25/2019	Contact - Document Received Received the proof of ownership, and water/sewer reading, and the final water and sewer reading.
11/25/2019	Inspection Completed On-site
11/25/2019	Inspection Completed-BCAL Full Compliance
12/02/2019	Contact - Document Received Received the Administrator's Physical Documents, TB and BCHA AFC 100.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is newly constructed and decorated. It is a wood framed ranch style home located in rural Twin Lakes. The home has a small front porch and a larger porch off the back to the home. The home does not have a basement but there is a crawl space off the garage under the home. There is an attached large garage, which can accommodate a tall large van. There is a built in a ramp in the garage to make it easier for the residents to get into the van. As you enter the home with a small entry, there is the living room, the dining room and the kitchen which is an open floor plan. There is a closet for laundry with an electric water heater. There are three bedrooms. One will

have two residents and the other two will be just one resident bed. The home has no steps to enter but it will not be handicap accessible. The home is not wheelchair accessible and has 2 approved means of egress from the first floor. The home will utilize private water and septic system.

The gas furnace is located under the home off the garage with a crawl space, which is enclosed. The electric hot water heater is located in the closet with the washer and dryer on the main floor. 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	11' 11" x 13' 10"	164.85	2
2	11' 11" x 10' 4"	123.1336	1
3	10' 3" x 11' 11"	122.18	1

The living, dining, and sitting room areas measure a total of 469 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 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The four bed, small group Adult Foster Care home is replacing the licensed Terra Nova home in Whitehall, (License # AS610248783). This home was licensed on 07/16/2002. Three residents will move to the new Terra Nova 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 four male or female 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 Community Mental Health (HealthWest) and other CMH's 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, Inc., 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, Inc. have submitted documentation appointing Tracey Hamlet as Licensee Designee for this facility and Myra Mieras 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 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 four-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 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 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this AFC adult small group home capacity of 4.

Arlene B. Smith

01/08/2020

Arlene B. Smith MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/08/2020

Jerry Hendrick
Area Manager

Date