



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 30, 2020

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

RE: License #: AS410278077
Mullins AFC Home
1630 Mullins Avenue, NW
Grand Rapids, MI 49534-2435

Dear Ms. Hamlet:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "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

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

I. IDENTIFYING INFORMATION

License #: AS410278077

Licensee Name: MOKA Non-Profit Services Corp

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

Licensee Telephone #: (231) 830-9376

Licensee/Licensee Designee: Tracey Hamlet, Designee

Administrator: Beth Hoffer

Name of Facility: Mullins AFC Home

Facility Address: 1630 Mullins Avenue, NW
Grand Rapids, MI 49534-2435

Facility Telephone #: (616) 735-2327

Original Issuance Date: 09/28/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
Virtual review
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

Due to the COVID-19 crisis and the State of Michigan in a State of Emergency this renewal inspection was conducted virtually by face timing on our cell phones with Ms. Hoffer. As licensing staff, we not allowed to do renewal inspections in the facility.

I sent the Licensee Designee, Tracey Hamlet, an email exit conference, explaining the renewal and my recommendation for the renewal of a 2-year license and a special certification and she agreed with my findings.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and a special certification.

Arlene B. Smith

04/30/2020

Arlene B. Smith MSW
Licensing Consultant

Date