



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 1, 2021

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

RE: License #: AS610012191
Slocum Street Home
817 Slocum Street
Whitehall, MI 49461

Dear Ms. Hamlet:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Arlene B. Smith

Arlene 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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS610012191

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: Daudi Mbuta

Name of Facility: Slocum Street Home

Facility Address: 817 Slocum Street
Whitehall, MI 49461

Facility Telephone #: (231) 894-5794

Original Issuance Date: 10/29/1980

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2021

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 3

No. of residents interviewed and/or observed 6

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.
- 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

On 07/01/2021, I conducted a telephone exit conference with the Licensee Designee, Tracey Hamlet. She agreed to provide a plan of correction.

This facility was found to be in non-compliance with the following rules:	
R 330.1803	Facility environment; fire safety.
	(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.
<p>Upon inspection there was no Evacuation "E Score" for the facility that had been completed in the past year.</p> <p>Please provide your "E Score" for the home. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 330.1803	Facility environment; fire safety.
	(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:

	<p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</p>
<p>Upon inspection the home did not have their evacuation assessment included on all Residents in the home annually.</p> <p>Please provide the evacuation assessment on each resident who lives in the home. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 330.1806	Staffing levels and qualifications.(1) Staffing levels shall be sufficient to implement all plans of service.
	(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.
<p>Upon inspection the residents did not have a current Plan of Service. Therefore, I was unable to determine if the staffing ratios were met for each resident.</p> <p>Please provide documentation that each resident has a current Plan of Service in the home. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 400.14103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

<p>Upon inspection it was learned that the home had been purchased by MOKA. Therefore, there was a change of ownership. We were not aware of this change and there was no date of the change.</p> <p>Please provide documents that the home is owned by MOKA Non-Profit Services Corporation. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 400.14301	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>
<p>Upon inspection the resident files did not contained required Health Care Appraisals on an annual basis.</p> <p>Please provide the evidence that the annual Health Care Appraisal have been completed. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 400.14301	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</p>

<p>Upon inspection the resident files did not contained required annual written assessments.</p> <p>Please provide evidence that each resident has an annual written assessment with all the required signatures. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.
<p>Upon inspection the resident files did not contained the required annual resident care agreement.</p> <p>Please provide evidence that each resident has an annual care agreement completed with all the required signatures. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 400.14315	Handling of resident funds and valuables.
	(2) The care of any resident funds and valuables that have been accepted by a licensee for safekeeping shall be treated by the licensee as a trust obligation.
<p>Upon inspection it was discovered that the former Home Manger had the one and only check book, for all of the residents savings account and therefore their funds could not be accessed.</p> <p>Please provide the evidence that the resident's check book has been returned to the home and the residents have access to their funds. Please provide all the bullets provided in my cover letter for your plan of correction.</p>	
R 400.14315	Handling of resident funds and valuables.
	(5) All resident funds, which includes bank accounts, shall be kept separate and apart from all funds and monies of the licensee. Interest and dividends earned on resident funds shall be credited to the resident. Payments for care for the current month may be used by the licensee for operating expenses.

Upon inspection it was discovered that all of the resident's funds were in one account and not divided up for each individual resident. Interest and dividends earned on a resident funds shall be credited to each resident and with them all combined this can not be demonstrated as to how much each resident should have received.

Please provide evidence/documentation that each resident has their own bank account. Please provide all the bullets provided in my cover letter for your plan of correction.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Arlene B. Smith

06/30/2021

Arlene B. Smith
Licensing Consultant

Date