



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

July 18, 2023

Marcia Koza
12955 68th St SE
Alto, MI 49302

RE: Application #: AM410416004
Moonlit Manor AFC
12955 68th St SE
Alto, MI 49302

Dear Ms. Koza:

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 12 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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410416004
Licensee Name:	Marcia Koza
Licensee Address:	12955 68th St SE Alto, MI 49302
Licensee Telephone #:	(616) 308-4938
Administrator/Licensee Designee:	Marcia Koza
Name of Facility:	Moonlit Manor AFC
Facility Address:	12955 68th St SE Alto, MI 49302
Facility Telephone #:	(616) 868-0001
Application Date:	03/27/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED AGED

II. METHODOLOGY

02/21/2023	Inspection Completed-Fire Safety : A
03/27/2023	On-Line Enrollment
03/28/2023	Application Incomplete Letter Sent App inc ltr w/1326a and RI-030
03/28/2023	Inspection Report Requested - Health
03/28/2023	Comment Sent request to the consultant for AM10281990 to use the Fire Safety Inspection completed at same location on 2/21/2023.
04/03/2023	Contact - Document Received RI-030
04/04/2023	Comment Sent request to have fingerprints uploaded
04/19/2023	Inspection Completed-Env. Health : A
04/21/2023	Comment Fire safety done at this address on 2/21/2023 for AM410281990 so a new one wasn't initiated, but will do so upon request.
04/24/2023	Application Incomplete Letter Sent
06/01/2023	Application Complete/On-site Needed
07/13/2023	Inspection Completed On-site
07/13/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Moonlit Manor AFC is located at 12955 68th St SE, Alto, Kent County, Michigan, and is owned by Marcia Koza. The home is a ranch style structure with a finished lower level approved for resident recreational use. The facility has vinyl siding and is located in a rural area on a large lot. The main floor of the facility contains an owner's living quarters and a resident approved living quarters. The owners living quarters contains two bedrooms, one full bathroom, one half bathroom, dining area, and living area. The resident approved living quarters contains six bedrooms, two full bathrooms, one private half bathroom, kitchen, dining, and living areas. There is a washer and dryer located in

the eating area located on the main floor and a washer and dryer located on the lower level of the facility. The lower level of the facility also contains a living area approved for resident use, laundry room, and mechanical room. There are handrails where required. This facility utilizes a private septic and private water supply. An interior fire suppression system (sprinklers) is present. The facility is not wheelchair accessible.

The furnace and water heater are located in the lower level of the building and are separated from the interior of the building with appropriate fire safe building materials and self-latching door.

The facility is equipped with hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 07/13/2023 and worked properly. There at least two operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'10" x 11'3"	155.58 sq.	2
2	15'8" x 9'9"	152.68 sq.	2
3	15'2" X 9'6"	144.15 sq.	2
4	15' x 9'8"	144.19 sq.	2
5	15'8" x 9'6"	148.77 sq.	2
6	15'2"x 9'6"	144.11 sq.	2

Total Capacity: 12

The living and dining room areas measure a total of 686.10 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 twelve residents. It is the licensee's responsibility to not exceed the capacity of the license.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

B. Program Description

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 **twelve** male and/or female adults aged 18 years to 70 years, who may be diagnosed with a developmental disability and/or mental illness 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will provide transportation to residents when needed. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Applicant and Administrator Qualifications

Marcia Koza is the Licensee and administrator for this home. Medical and Record Clearance requests for Marcia Koza were completed with no restrictions noted on either. Her TB-tine results were negative.

Marcia Koza has 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-bed facility is 1-staff- to-12 residents.

The applicant acknowledges an understanding of the training and qualification 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), Identogo, 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 Marcia Koza, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this AFC adult medium group home (capacity 12).

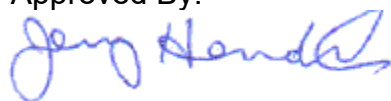


07/18/2023

Toya Zylstra
Licensing Consultant

Date

Approved By:



07/18/2023

Jerry Hendrick
Area Manager

Date