



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2024

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

RE: License #: AS700317384
Investigation #: 2024A0357053
Starwalk

Dear Ms. Hamlet:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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,

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS700317384
Investigation #:	2024A0357053
Complaint Receipt Date:	08/15/2024
Investigation Initiation Date:	08/15/2024
Report Due Date:	10/14/2024
Licensee Name:	MOKA Non-Profit Services Corp
Licensee Address:	Suite 201 715 Terrace St. Muskegon, MI 49440
Licensee Telephone #:	(616) 719-4263
Administrator:	Tracey Hamlet
Licensee Designee:	Tracey Hamlet
Name of Facility:	Starwalk
Facility Address:	16538 Starwalk Ln West Olive, MI 49460
Facility Telephone #:	(616) 399-1835
Original Issuance Date:	06/21/2012
License Status:	REGULAR
Effective Date:	12/21/2022
Expiration Date:	12/20/2024
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Staff Lynette VanDine is inappropriately “intimate” with Resident A.	No

III. METHODOLOGY

08/15/2024	Special Investigation Intake 2024A0357053
08/15/2024	Special Investigation Initiated – Telephone.
10/16/2024	Unannounced inspection
10/16/2024	Face-to-Face interview with Lynette VanDuine, Home Manager. Interviewed Cheryl Williams, Residential Coordinator.
10/16/2024	Face-to-Face meeting of Resident A. Observed Resident A and Ms. VanDuine.
10/16/2024	Received Resident A’s, Documents, Health Care Appraisal, Assessment Plan of AFC Residents, his Sparks Behavioral Services, LLC. Behavior Treatment Plan.
10/16/2024	Face-to-Face interview with Direct Care Staff, Jalissa Miller, and Megan Carter.
10/18/2024	Telephone – Contact made to interview Direct Care Staff, Pamela Springer-Johnson and Jocelyn Vizcarra and Lynette VanDuine.
10/21/2024	Telephone exit with Licensee Designee, Tracey Hamlet

ALLEGATION: Staff Lynette VanDine is inappropriately “intimate” with Resident A.

INVESTIGATION: On 08/15/2024, I received a complaint from BCAL Online complaints from a “concerned citizen”. The Department of Health and Human Services denied the complaint. The Allegation read in part: (Resident A) resides in a group home. It is believed that (Resident A) is nonverbal. It appears that (Resident A) and one of the care takers, Lynette, might be intimate. She had to keep pulling him away and grabbed his waist. She wore a mask outside and when she pulled her

mask down it seemed like Resident A was trying to kiss her. It is unclear if anything inappropriate is occurring.

On 10/10/2024, I made an unannounced inspection at the AFC home. I met with Ms. Lynette VanDuine, the Home Manager. I explained the complaint. She immediately responded with, "No." She explained that Resident A has problems with personal space and attempts to kiss female staff. She reported that Resident A has a Behavioral Treatment Plan, whereby staff have to redirect Resident A to be at least an arm's length from all staff. She said that he was admitted on 02/19/2020. I observed Resident A follow Ms. VanDuine into her office. She said as he approached her, she was to remind him that they need personal space, and she demonstrated to me by telling Resident A that he needs to be at least one arm's length away, and she put her arm out to him. He stopped moving toward her. Then she said they are to redirect him by her putting her arm around his waist and explaining to him that they are going to move to another place, which he willingly did. He did attempt to pucker his lips and tried to get close to her face, and she reminded him that there was no kissing. She said he does this all day long to the female staff. She explained that they are required to document his behaviors of being in another's personal space and/or trying to kiss the staff, every 20 minutes. She stated that Resident A is Autistic, has ADHD, and is nonverbal. She said he understands what we are saying but he cannot respond verbally. I asked if I could interview the staff working on the residents and she reported that none of the residents speak. I asked to interview the two direct care staff currently on shift.

On 10/10/2024, I conducted a fac-to-face interview with Direct Care Staff, Jalissa Miller. She reported she has worked in the home for two and ½ years. I asked if she had any knowledge of Ms. VanDuine and Resident displaying any inappropriate intimacy. She immediately responded with, "No." She explained that Resident A tries multiple times during the shift to kiss her. She said they redirect him and remind him that kissing is not allowed. She said a few times he has touched his lips on her cheek, but it is not a real kiss, it is just him touching her skin with his lips. She explained that he tries to get close to them consistently and they follow his Behavioral Treatment Plan (BTP) and remind him by putting her arm out and telling him she needs her personal space. She stated she had been trained in his BTP and she follows his plan, and she said everyone she works with follows his plan consistently.

On 10/10/2024 I conducted a face-to-face interview with Direct Care Staff, Megan Carter. She reported she has worked in the home for two years. I asked her if she had knowledge of an intimate relationship between Ms. VanDuine and Resident A. She immediately said, "No." She reported that she has been trained on his BTP and when he attempts to kiss her, she tells him no kissing, and when he gets too close to her, she puts her arm out and reminds him of her personal space. She reported that he responds correctly but he repeats his getting close to her often. She also reported they must document each incident.

On 10/10/2024, I met with the Residential Supervisor, Cheryl Williams, at the home. I asked her if she had any direct knowledge or if she had heard anything about Ms. VanDuine and Resident A having an intimate relationship and she said, "Absolutely not." She reported Ms. VanDuine is a very caring, kind, individual and that she works well with the residents. She also reported that she is very professional. She reported that due to Resident A's diagnosis he wants to touch others. She also reported that he tries to stay as close as possible to the staff working in the home and he tries to be close to their faces. She said it is almost like "nose to nose." She expressed that when she has been in the home, she has observed the staff, and they are following Resident A's BTP.

On 10/10/2024. Ms. VanDuine provided me with copies of Resident A's, Health Care Appraisal, his assessment plan and his behavioral treatment plan, which I reviewed. His Diagnoses included Epilepsy, Stimming, Constipation, Autistic Disorder, Seasonally Allergies, Developmental Disorder, Non-Verbal, Developmental delay, lactose Intolernat and ADHD. The assessment reported that Resident A communicates his needs by pictures, pointing, limited sign language, nonverbal cues and head nodding to communicate yes or no to simple questions. He understands most verbal communications but needs simple instructions. "Staff may need to repeat themselves and give him examples or show him pictures. Under the assessment of "Follows Instructions" the plan read that he will, "follow simple instructions when he desires. He will shake his head not if he doesn't want to do it. Instructions should be simple, 1-2 steps instructions at a time and he may need continuous verbal prompting to follow through." Under the section of Resident A controlling aggressive behaviors, it read that his aggression is very are and it means his is in pain or extremely mad due to uncontrollable environment change. "Behavior treatment plan in place through psychologist with community mental health." Under the section of "Gets along with others", the plan stated that he can get along with others but can become aggressive when frustrated because he can't get food or attention. I reviewed Resident A's BTP where prevention strategies are described. Under Strategy # 2 it read that Resident A enjoys physical contact with others as a way of meeting his sensory needs, such as receiving head rubs, chest pats/pressure etc. This document also identified that the staff are to model appropriate boundaries, gaining consent, preparing for transition, and preparing for meal prep safety. The other section of the report included Proactive Strategies, Reactive strategies, Restrictive/intrusive strategies, and Data Collection Procedures.

On 10/18/2024, I conducted a telephone interview with Direct Care Staff, Pam Springer-Johnson and she reported she had been there since December 2023. I asked her if she had any knowledge of Ms. VanDuine and Resident A having an intimate relationship and she said, 'Are you kidding me?' Followed by a "No." She reported that Resident A tries to kiss her, but he does not know how to kiss so he just puts him lips on her skin if he reaches her. She said if he gets too close to her, she puts her arm out and reminds him of her personal space. She said he usually listens to her and can be re-directed. She was familiar with Resident A's BTP and reported she has received training on it.

On 10/18/2024, I conducted a telephone interview with Direct Care Staff, Jocelyn Vizcarra. Who reported she has been there since last December. I asked her if she has any knowledge of an intimate relationship between Ms. VanDuine and Resident A. She said, "What? Oh, my goodness. They don't know (Resident A). Absolutely not." She said Resident A tries to kiss her, but she reminds him it is not allowed. She also said she uses her arm length to let him know if he is in her personal space. She reported that he can be easily distracted or redirected. She said she knows his plan and she has been trained in his BTP. She said she follows his plan and so do the other direct care staff.

On 10/21/2024 I conducted a telephone exit conference with Ms. Tracey Hamlet and she agreed with my findings.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(1) A resident shall be assured privacy and protection from moral, social, and financial exploitation.
ANALYSIS:	<p>It was alleged that the Home Manager, Lynette VanDuine was having an intimate relationship with Resident A.</p> <p>Resident is nonverbal and could not contribute to the investigation. The other residents living in the home are also nonverbal and unable to contribute to the investigation.</p> <p>Ms. Lynette VanDuine denied that she was intimate with Resident A. Cheryl Willilams, Residential Coordinator denied the allegation, as did Direct Care Staff, Megan Carter, Jocelyn Vizcarra, Jalissa Miller and Pam Springer.</p> <p>During this investigation I did not find any evidence that Ms. Lynett VanDuine had any intimate relationship with Resident A.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION:

I recommend the complaint be closed and the license remain unchanged.

Arlene B. Smith

10/21/2024

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

10/21/2024

Jerry Hendrick

Date

Area Manager