



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 24, 2025

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

RE: License #: AS700095745  
Investigation #: 2025A0357008  
Pierce Street Home

Dear Ms. Hamlet:

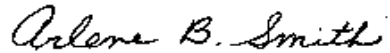
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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**

<b>License #:</b>	AS700095745
<b>Investigation #:</b>	2025A0357008
<b>Complaint Receipt Date:</b>	11/27/2024
<b>Investigation Initiation Date:</b>	11/27/2024
<b>Report Due Date:</b>	01/26/2025
<b>Licensee Name:</b>	MOKA Non-Profit Services Corp
<b>Licensee Address:</b>	Suite 201 715 Terrace St. Muskegon, MI 49440
<b>Licensee Telephone #:</b>	(616) 719-4263
<b>Administrator:</b>	Sergejs Toms Zvigzds
<b>Licensee Designee:</b>	Tracey Hamlet
<b>Name of Facility:</b>	Pierce Street Home
<b>Facility Address:</b>	6421 Pierce Street Allendale, MI 49401
<b>Facility Telephone #:</b>	(616) 895-5216
<b>Original Issuance Date:</b>	04/29/2001
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/29/2023
<b>Expiration Date:</b>	10/28/2025
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	Violation Established?
When Resident A and B's funds were reviewed on 11/18/2024, it was discovered that Resident A was missing \$7.22 and Resident B was missing \$20.00.	Yes

## III. METHODOLOGY

11/27/2024	Special Investigation Intake 2025A0357008
11/27/2024	Special Investigation Initiated - Telephone Kent County Department of Health and Human Services, Adult Protective Services had opened this complaint to investigate. Therefore, a referral was not made to Centralized Intake/APS
11/27/2024	Contact - Telephone call received From Supervisor Stephanie Brown she reported she had filed a police report with Ottawa County Sheriff, Recipient Rights and Adult Protective Services.
11/27/2024	Contact - Document Received MOKA's IR's received and reviewed.
12/01/2024	Contact - Document Received From Briana Fowler, Resident Rights Director for Ottawa CMH.
12/02/2024	Contact - Document Received From Stephanie Brown, Supervisor.
12/26/2024	Contact - Document Received Email from Emily Fewless, Kent County Department of Health and Human Services, APS.
12/27/2024	Contact - Document Received From APS, Emily Fewless.
01/22/2025	Contact - Telephone call made To Stephanie Brown, Supervisor.
01/23/2025	Inspection Completed On-site Met with Home Supervisor, Elizabeth Stoffers, Stephanie Brown, Supervisor. Interviewed three Direct Care Staff, Melissa Rockey, Lauren Vincent, and Monica Carroll.

01/23/2025	Contact - Document Received Received staff names and telephone numbers, signed statement by Elizabeth Stoffers, Ottawa County Sheriff's Office Case Report, and Transactions of Resident A and Resident B's spending reports.
01/23/2025	Contact – Telephone: conducted interviews of eight Direct Care Staff who had worked in the AFC home from 11/14/ through 11/18/2024: Eli Maina, Tanya Tervo, Wesson Poole, Makenna Oneka, Scott Henley, Averiana Olmstead, Khamari Coleman-Burroughs, and Hunter Jajac.
01/24/2025	Conducted a telephone exit conference with the Licensee Designee, Tracey Hamlet.

**ALLEGATION:** When Resident A and B's funds were reviewed on 11/18/2024, it was discovered that Resident A was missing \$7.22 and Resident B was missing \$20.00.

**INVESTIGATION:** Our department received a complaint at LARA-BCHS-Complaints@michigan.gov. The complaint came from Department of Health and Human Services, Kent County, Adult Protective Services. The complaint read Resident A (39) resides at MOKA AFC Home. Resident A is diagnosed with severe intellectual disability, anxiety, and autistic disorder. He has a guardian. On 11/18/2024, after reviewing resident funds, it was determined \$7.22 was missing from his account. There were no missing receipts. Resident B (49) resides at MOKA AFC home. He is diagnosed with profound intellectual disability, bipolar disorder, and Cerebral Palsy. He has a guardian. On 11/18/2024, after reviewing resident funds, it was determined that \$20.00 was missing from his account. There were no missing receipts.

On 11/27/2024, Stephanie Brown, Supervisor reported that when she and the new House Supervisor, Elizabeth Stoffers were reviewing Resident Funds, they found that Resident A was missing \$7.22 and Resident B was missing \$20.00 from their fund's envelopes. Ms. Brown reported that an audit was completed on 11/14/2024 and there were no funds missing, but when they did the audit on 11/18/2024, Resident A and Resident B were missing funds.

On 11/27/2024, I received and reviewed MOKA's Incident Report on Resident A dated 11/18/2024 at 3:30 PM. The report read; "While going through resident funds, it was found that Resident A is missing \$7.22 from his cash envelope. Investigation began is now pending completion." Corrective Measures Taken to Remedy/Or prevent Recurrence. "Investigation into if there were any missing receipts or outgoings to account for the missing funds. After speaking with all staff, it was determined this money was unaccounted for. I called and filed a police report with

Ottawa County Sheriff's Office-report #24-11220080. This was reported to APS, and Ottawa Recipient Rights. The money is currently locked in a safe that only I have access to, in order to keep the funds safe until such time that safeguards can be put into place. Guardian was notified. Money will be replaced by MOKA. Money was last audited on 11/14/24, so the money went missing between 11/14/24-11/18." This document was signed by Elizabeth Stoffers and Stephanie Brown.

On 11/27/2024, I reviewed the MOKA Incident Report on Resident B dated 11/18/2024 at 3:30 PM. The report noted; "While reviewing resident funds, it was found that \$20.00 was missing from resident funds envelope. Investigation pending at his time." Corrective Measures Taken to Remedy/Or prevent Recurrence. "Investigation into if there were any missing receipts or outgoings to account for the missing funds. After speaking with all staff, it was determined this money was unaccounted for. I called and filed a police report with Ottawa County Sheriff's Office-report #24-11220080. This was reported to APS, and Ottawa Recipient Rights. The money is currently locked in a safe that only I have access to, in order to keep the funds safe until such time that safeguards can be put into place. Guardian was notified. Money will be replaced by MOKA. Money was last audited on 11/14/24, so the money went missing between 11/14/24-11/18." This document was signed by Elizabeth Stoffers and Stephanie Brown.

On 12/27/2024, I received an email from Emily Fewless, Adult Services Specialists (APS). She wrote that since the home was not able to provide or explain where the money went, she will substantiate an unknown staff member for financial exploitation and then close the complaint. She also wrote that it sounded like both accounts were reimbursed.

On 01/23/2025, I made an announced inspection of the home. Ms. Brown provided me with all the staff's names and telephone numbers. She highlighted the staff who worked in the home from 11/14 through 11/18/2024. She also provided a document that recorded all Resident A's expenses and his intake from 09/04/2024 through 12/18/2024. She provided the same documentation for Resident B from 09/06/2024 through 12/16/2024. Upon review nothing looked suspicious or out of place. Ms. Brown also provided a document that read: "\$7.22 was replaced by Elizabeth Stoffers impress funds on 12/09/2024 for stolen funds. IR was written on 11/18 and police report was filed #42-11220080 at the Ottawa County Sheriff's office." "\$20.00 was replaced by Elizabeth Stoffers impress funds on 12/09/2024 for stolen funds. IR was written on 11/18 and police report was filed #42-11220080 at the Ottawa County Sheriff's office." This document was signed by Elizabeth Stoffers and dated 12/19/2024. Ms. Brown also stated that she had interviewed every staff member that had worked the dates of 11/14 through 11/18/2024 with no findings. She explained that the four residents are unable to speak, and they have no access to where the resident funds are kept under lock and key. She reported there were no other witnesses.

On 01/23/2025, I had interviewed three direct care staff in the home who had worked during the dates of 11/14-18. The direct care staff were Melissa Rockey, Monica Carroll, and Lauren Vincent. I found that there was a total of 11 staff. I telephoned and interviewed each of the eight remaining direct care staff members who worked in the home from 11/14 through 11/18/2024. The other eight staff on the schedule were: Eli Maina, Tanya Tervo, Wesson Poole, Makenna Oneka, Scott Henley, Averiana Olmstead, Khamari Coleman-Burroughs, and Hunter Jajac. Each staff member denied taking any of the resident's funds and they all denied that they knew anyone who would take resident funds. I learned from the interviews that one or more of the residents has the use of gift cards. The staff reported that they let the resident choose where they want to eat by the choice of their gift cards, but there are times when the gift cards have run out of money or expired. Mr. Wesson Poole remembered that the dates of 11/14/2024 and 11/18/2024 included a weekend which it did, Saturday 16 and Sunday 15. He remembered that this was a very hectic time when a lot of things were going on at once including training of new staff and APS being in the home. He thought that a staff (name unknown) had ordered online with Culver's which has a sur charge of 18%, and when they got there the staff had planned to use the gift card but found it had expired or there was not enough money on the gift card. He speculated that the unnamed staff must have paid for it with the resident's monies from their envelope and may have forgotten to secure the receipt. Mr. Poole was certain that none of the staff had ever taken any of the resident funds. Most of the staff had expressed the same feelings.

On 01/24/2025, I conducted a telephone exit conference with the Licensee Designee, Tracy Hamlet and she agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>On 11/18/2024, after reviewing Resident A and Resident B's Funds, it was discovered that Resident A was missing \$7.22 and Resident B was missing \$20.00.</p> <p>Ms. Stephanie Brown (Supervisor) reported that she interviewed each staff that had worked from 11/14 through 11/18/2024 and no one admitted to taking the resident funds.</p> <p>I also interviewed 11 of the direct care staff and no one admitted to taking any of the resident's funds.</p> <p>During this investigation it was found that Resident A was missing \$7.22 and Resident B was missing \$20.00. Therefore,</p>

	there is a rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

I recommend the Licensee Designee provide and acceptable plan of correction and the license remain the same.

*Arlene B. Smith*

01/24/2025

Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

01/24/2025

Jerry Hendrick  
Area Manager

Date