



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

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

RE: License #: AS610379818
Harbor Pines
6459 Harbor Pines Lane
Norton Shores, MI 49444

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,



Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AS610379818

Licensee Name: MOKA Non-Profit Services Corp

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

Licensee Telephone #: (616) 719-4263

Licensee/Licensee Designee: Tracey Hamlet

Administrator: Sergejs Zvirgzds

Name of Facility: Harbor Pines

Facility Address: 6459 Harbor Pines Lane
Norton Shores, MI 49444

Facility Telephone #: (231) 798-4895

Original Issuance Date: 12/04/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/19/2026

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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

This facility was found to be in non-compliance with the following rules:

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

While conducting an on site inspection I discovered that four medications listed in the Medication Administration Record (MAR) for Resident A were not present in the home. When I asked Home Manager Corey Brott where the medications were she stated they were waiting on them to be filled. When I asked to see the documentation that they had been ordered, Ms. Brott was unable to provide that documentation and according to the electronic MAR the medications were not re-ordered. Ms. Brott stated that the medications are not currently used by Resident A and would not need to be reordered. I informed her that they have not been discontinued and are still currently on the MAR so the medications are required to be present in the home. I advised Ms. Brott and Residential Coordinator Darcy Torrey who was also present during my inspection, that this discrepancy is a rule violation. I advised them to conduct a full audit of all resident MAR's and to work with the pharmacy to get the MAR's updated or prescriptions filled as needed.

R 400.675 Resident medications.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the

resident for whom it is prescribed unless generally used for all residents.

While conducting an on-site renewal inspection I witnessed the medication cupboards unlocked when we entered the medication room. Narcotics were also found to be in this unlocked cupboard sitting with all other medications. When I asked Ms. Brott about this, she stated she is new to the home and while she did not agree with this set up, but when she changed things or asked for a locked box, the other staff have told her, "this is how we do it". I informed Ms. Brott that "how they do it" is a rule violation. Ms. Torrey was then informed of the findings, and she agreed it was not appropriate as is. Ms. Torrey obtained a medication cart during my inspection and locked the narcotics in the cart. Ms. Torrey asked if the locked med room door was sufficient instead of locking the cabinets. She has been informed that it is not sufficient and the cabinets are required to be locked. I suggested a staff training for the medication room so that there is no longer discrepancy in how things are secured.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(3) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

While conducting an on site renewal inspection, I reviewed resident files and found multiple instances where the Resident Assessment Plan was not signed. In other instances, the document was signed approximately two months after the document was completed. I asked Ms. Brott and Ms. Torrey why and they described a lengthy process it takes for the document to arrive at the Director's desk for signature. I suggested that this process be evaluated because the documents without signature are a rule violation.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

While conducting an on-site renewal inspection, I reviewed resident files and found multiple instances where the Resident Care Agreement was not signed. In other instances, the document was signed approximately two months after the document was completed. I asked Ms. Brott and Ms. Torrey why and they described a lengthy process it takes for the document to arrive at the Director's desk for signature. I suggested that this process be evaluated because the documents without signature are a rule violation.

On May 20, 2026, I conducted an exit conference with Designee Tracey Hamlet. I informed her of my findings and the need for a Corrective Action Plan. Ms. Hamlet did not have any questions at the time.

IV. RECOMMENDATION

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

 May 20, 2026

Rebecca Piccard
Licensing Consultant

Date