



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING

MARIANNE UDOW  
DIRECTOR

April 27, 2005

Thomas Zmolek  
MOKA Non-Profit Services Corp  
Suite 201  
3391 Merriam St.  
Muskegon, MI 49444

RE: Application #: AS610274835  
Brookmere Home  
3086 Creekview Lane  
Muskegon, MI 49444

Dear Mr. Zmolek:

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 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant  
Office of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 356-0117

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS610274835

**Applicant Name:** MOKA Non-Profit Services Corp

**Applicant Address:** Suite 201  
3391 Merriam St.  
Muskegon, MI 49444

**Applicant Telephone #:** (231) 830-9376

**Administrator/Licensee Designee:** Thomas Zmolek, Designee

**Name of Facility:** Brookmere Home

**Facility Address:** 3086 Creekview Lane  
Muskegon, MI 49444

**Facility Telephone #:** (231) 767-0583  
03/21/2005

**Application Date:**

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

12/16/2004	Inspection Completed-Env. Health : A Completed for title company by Muskegon County Health Dept.
03/21/2005	Enrollment
04/13/2005	File Transferred To Field Office G.R. (J.Failla)
04/13/2005	Inspection Completed On-site
04/13/2005	Inspection Completed-BFS Sub. Compliance
04/13/2005	Corrective Action Plan Received
04/13/2005	Corrective Action Plan Approved
04/26/2005	Inspection Completed On-site Re-inspection
04/26/2005	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch style, completely barrier free home. The main floor consists of a living room, dining room, kitchen, 4 bedrooms, 3 full bathrooms (the third does not have a tub but a roll-in shower), and a utility room with washer & dryer. The furnace and hot water heater are in the basement, which is accessible from the interior of the 3-stall garage. Bedrooms #1 & #2 measure 10' 5" x 13'7 and will house 1 resident each. Bedroom #3 measures 12' x 13' 1" and bedroom #4 measures 14' x 15'.

The facility is located within the Muskegon County limits in Fruitport Township. Per the licensee's description, the facility is situated in a single family dwelling neighborhood in which the homes are similar in size and design. The subdivision does not have sidewalks, although one could walk the streets safely. The home is approximately 10 minutes from Community Mental Health funded day program services. The home is near shopping facilities which include strip malls, grocery stores, barber and salon services, restaurants, clothing stores, a hardware store, gift shops, and banks.

### B. Program Description

The licensee indicates that MOKA Corporation, through a contract with Muskegon County Community Mental Health, will provide specialized services for 6 adults who are developmentally disabled. The home will accept men and women requiring physical assistance with self-care, individuals with challenging behaviors, and people who require supervision following a physician's health care plan. As noted in the facility

description, the home is barrier-free, and therefore, will accommodate people who use wheelchairs as their primary means of mobility.

On file with the Department are a Program Statement, and appropriate Admission & Discharge Policies.

The licensee was informed that, pursuant to MCL 400.713(3)(e), they are responsible for assessing the good moral character of any person who provides care for residents of this facility under the direction, or in the place of, the licensee. The licensee provided a description of their process to determine good moral character.

The licensee was informed of those rules related to the handling and accounting of resident funds and valuables.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

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Grant Sutton Date  
Licensing Consultant

Approved By:

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Jack R. Failla Date  
Area Manager