



JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
DIRECTOR

September 28, 2005

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

RE: Application #: AS410278077
Mullins AFC Home
1630 Mullins
Grand Rapids, MI 49544

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 #: AS410278077

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
LeeAnn Shedleski-Holmden, Administrator

Name of Facility: Mullins AFC Home

Facility Address: 1630 Mullins
Grand Rapids, MI 49544

Facility Telephone #: (616) 233-7510

Application Date: 08/09/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/09/2005	Enrollment
08/17/2005	Application Incomplete Letter Sent 1326's for Thomas Zmolek & LeeAnn Shedleski-Holmden
08/30/2005	Contact - Document Received 1326's for Thomas Zmolek & LeeAnn Shedleski-Holmden.
09/07/2005	Application Complete/On-site Needed
09/07/2005	File Transferred To Field Office Grand Rapids
09/08/2005	Inspection Completed-BFS Sub. Compliance
09/08/2005	Corrective Action Plan Received
09/08/2005	Corrective Action Plan Approved
09/27/2005	Inspection Completed Onsite Re-inspection

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in suburban Walker. The main floor consists of a family room, living room, dining room, kitchen, two bathrooms, four bedrooms, and a main floor laundry. The basement is not finished and is not licensed for resident use. There is an attached, two-stall garage with storage lockers for residents' use. The large back yard is enclosed with a fence. The facility is barrier free.

The living space for residents meets the rules and requirements for an Adult Foster Care Small Group Home. The specific dimensions for the resident bedrooms are as follows; #1 = 15'2" x 11', #2 = 15'2" x 11', #3 = 17'3" x 10'6", and #4 = 17'3" x 10'8".

The facility is situated in a single-family dwelling neighborhood in which the homes are similar in size and design. The facility is near shopping facilities which include strip malls, grocery stores, barber, salon services, restaurants, clothing stores, hardware store, gift shops, and banks. Ambulance service is available as well as community doctors.

B. Program Description

The Mullins home will provide services to six adults (over age 18), both men and women, with developmental disabilities who require physical assistance with self-care, individuals with challenging behaviors, and people who require supervision following a

physician's care plan. The home is barrier free, and therefore, will accommodate people who use wheelchairs as their primary means of mobility. Referrals will be accepted via a contract with network 180 (formerly Kent County Community Mental Health).

In-house programs will emphasize active treatment, including participation and training in daily living skills, including but not limited to; preparing meals, dressing , personal hygiene, care of resident's household and personal possessions, and improving safety skills.

Clinical support services, including supports coordination, will be provided by MOKA to meet the needs and services identified in each person's Person Centered Plan.

Transportation will be provided to and from appointments, work, and day activities as scheduled.

A program statement along with admission and discharge policies are on file with the Department.

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 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 small group home (capacity 6)

Grant Sutton Date
Licensing Consultant

Approved By:

Jack R. Failla Date
Area Manager