



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

October 9, 2006

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

RE: Application #: AS410285979
Greenboro Dr. Home
5541 Greenboro Dr. SE
Kentwood, MI 49508

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 3 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 (231) 922-5309.

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 #: AS410285979

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: Greenboro Dr. Home

Facility Address: 5541 Greenboro Dr. SE
Kentwood, MI 49508

Facility Telephone #: (231) 830-9376

Application Date: 09/13/2006

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

09/13/2006	Enrollment
09/18/2006	Application Incomplete Letter Sent Updated 1326's for LD and Admin.
09/21/2006	Inspection Completed On-site
09/21/2006	Inspection Completed-BFS Sub. Compliance
09/23/2006	Confirming Letter Sent
10/04/2006	Inspection Completed On-site Follow up
10/04/2006	Inspection Completed – BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in suburban Kentwood, in a subdivision of similarly constructed homes. The main floor consists of a living room, dining room, kitchen, three resident bedrooms, two full bathrooms, and a laundry room. The basement has space for the staff office, the utility room, storage, and a bedroom for sleepover staff. The basement is not licensed for resident use. The facility is not barrier free but is handicap accessible. Smoke detectors powered from the building's electrical system have been installed on each level of the home by a licensed electrician with single station, battery back up detectors also installed on each level. When activated the alarm is audible in all sleeping rooms with the doors closed. A 1³/₄ - inch solid core door with an automatic self closer has been installed on the enclosed heat plant located in the basement.

Resident bedrooms were measured during the initial on-site inspection and have the following dimensions:

Resident bedroom #1 is 9' x 13' = 117 sq. ft for 1 resident
Resident bedroom #2 is 10' x 10' = 100 sq. ft. for 1 resident
Resident bedroom #3 is 9' x 13' = 117 sq. ft. for 1 resident

The living room and dining room areas measure a total of 260 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate three (3) residents. It is the responsibility of the licensee to not exceed the licensed resident capacity.

This home has never been licensed as an adult foster care group home.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 3 women who have a diagnosis of a developmental disability in the least restrictive environment possible. The facility is handicap accessible so individuals who are non-ambulatory can and will be considered. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills as these needs are identified in the Assessment Plan and as the resident/ responsible person prioritize at admission. Resident referrals will be made primarily from the network 180 (formerly Kent Co. CMH).

If identified as a need in the assessment upon and if agreed upon by the applicant, behavioral intervention and crisis intervention programs will be developed and implemented by trained staff and will the prior approval of the resident, guardian, or the responsible person.

The applicant will work with local transportation providers to assure that residents have transportation to a day program, school program, or employment. The applicant will work with the resident, guardian, responsible person, and case manager to assure that residents have transportation to medical and/or other appointments. The applicant will utilize local community resources as they are available and as residents are interested in participating in.

C. Applicant and Administrator Qualifications

The applicant is a domestic, non-profit corporation in good standing with the State of Michigan. The corporation was formed in Michigan on October 2, 1978, and operates in Muskegon, Ottawa, Kent, and Allegan Counties. The corporation has a board of directors, including the agency director who is also the licensee designee.

A review of the 2004-2005 independent audited financial statement completed by the Crowe Chizek and Company, LLC supports that the corporation is financially stable.

The licensee designee, Thomas Zmolek was appointed, in writing, by the corporate board of directors. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee or the administrator. The licensee designee and the administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff to 3 residents per awake shift and 1 staff to 3 residents during the sleep shift. If residents are accepted who require awake staff during the sleep shift, then awake staff will be provided during the sleep hours.

The licensee designee acknowledged an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff – to – resident ratio.

The licensee designee acknowledged an understanding of the responsibility to assess the good moral character of employees and contractees who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.mltcpartnership.org), Identix, and records required to be maintained in each employee's record to demonstrate compliance.

The licensee designee acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the licensee designee has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee designee acknowledged his responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledged his responsibility to maintain a current employee record on file in the home for the licensee designee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee designee indicated that it is his intent to achieve and maintain compliance with these requirements.

The licensee designee acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee has indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee designee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledged his responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee designee acknowledged his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 3).



10/05/2006

Grant Sutton
Licensing Consultant

Date

Approved By:



10/05/2006

Christopher J. Hibbler
Area Manager

Date