



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

March 3, 2009

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

RE: Application #: AS410299531
Wilson Home
2755 Wilson Ave. NW
Walker, MI 49534

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 4 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 or at (231) 922-5309.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau 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
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS410299531

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
Susan Tenhopen, Administrator

Name of Facility: Wilson Home

Facility Address: 2755 Wilson Ave. NW
Walker, MI 49534

Facility Telephone #: (616) 791-7259

Application Date: 12/16/2008

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/16/2008	Enrollment
12/22/2008	File Transferred To Field Office Grand Rapids
12/26/2008	Comment app rec'd in GR
01/02/2009	Application Incomplete Letter Sent
01/28/2009	Contact - Document Received Information requested in app. incomplete letter
02/06/2009	Inspection Completed – On-site
02/06/2009	Inspection Completed – BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a 1-story, ranch style home located in suburban Walker, northwest of the city of Grand Rapids. The facility has 6 bedrooms, 2 kitchens, 2 living rooms, an activity room, and two full bathrooms (1 with a tub and the 2nd with a roll in shower). The facility is barrier free.

There are 2 furnaces and 2 hot water heaters that are located in two separate enclosures at the opposite ends of the main floor. The enclosures have a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware, and the rooms are constructed of material that create a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is also sprinkled.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12' x 15'	180 sq. ft.	1
#2	11' x 14'	154 sq. ft.	1
#3	11' x 14'	154 sq. ft.	1
#4	12' x 15'	180 sq. ft.	1
#5	11' x 14'	154 sq. ft.	1
#6	11' x 14'	154 sq. ft.	1

The living, dining, and activity room areas measure a total of 644 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 **four (4)** male or female adults whose diagnosis is developmentally disabled, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from network 180.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is MOKA Non-Profit Services Corporation, which is a "Non Profit Corporation", established in Michigan, on 10/02/1978. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of MOKA Non-Profit Services Corp., has submitted documentation appointing Thomas Zmolek as Licensee Designee for this facility and Sue TenHopen as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their 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 4-bed facility is adequate and includes a minimum of 2 staff –to- 4 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors 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.miltcpartnership.org), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges 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 applicant 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 applicant acknowledges their 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 applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

The applicant acknowledges 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 applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their 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 applicant acknowledges their 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.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license for this adult foster care small group home (capacity 1-4).



03/03/2009

Grant Sutton
Licensing Consultant

Date

Approved By:



03/03/2009

Christopher J. Hibbler
Area Manager

Date