



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 1, 2018

Todd Dockerty
Dockerty Health Care Services, Inc.
Bridgman, MI 49016

RE: Application #: AL390381477
Beacon Pointe Memory Care
732 E. Centre Street
Portage, MI 49106

Dear Mr. Dockerty:

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 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL390381477
Licensee Name:	Dockerty Health Care Services, Inc.
Licensee Address:	8850 Red Arrow Hwy. Bridgman, MI 49106
Licensee Telephone #:	(269) 465-7600
Licensee Designee:	Todd Dockerty
Administrator:	Todd Dockerty
Name of Facility:	Beacon Pointe Memory Care
Facility Address:	732 E. Centre Street Portage, MI 49106
Facility Telephone #:	(269) 465-7600 02/18/2016
Application Date:	
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

02/18/2016	On-Line Enrollment
02/22/2016	Inspection Report Requested - Health Inv. #1025398
02/22/2016	Inspection Report Requested - Fire
02/22/2016	Contact - Document Sent Fire Safety String
02/22/2016	Contact - Document Sent Rules & Act booklets
02/22/2016	Application Incomplete Letter Sent Rec cl's for Todd & Admin
03/03/2016	Contact - Document Received Corrected app/county
03/03/2016	Inspection Report Requested - Health Inv. #1025412
03/03/2016	Inspection Report Requested - Fire
03/03/2016	Contact - Document Sent Fire Safety String - Correct county
08/23/2016	Contact - Document Received Rec cl for Todd D (LD)
08/24/2016	Contact - Document Received Rec cl for Izzy (Admin)
10/18/2016	Application Incomplete Letter Sent
08/29/2017	Inspection Completed On-site
01/26/2018	Inspection Completed On-site
02/08/2018	Inspection Completed – Fire Full Compliance
01/26/2018	Inspection Completed- Env. Health Full Compliance
02/22/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Pointe Memory Care is a one-story, newly constructed building in the city of Portage, MI. The home provides 20 apartment units; four are one-bedroom units and 16 are studio units. The apartment arrangements allow for flexibility and resident choice for type of accommodations. Each unit has a private bathroom, 18 individual bathrooms have a low-entry shower for easy accessibility. Two rooms have roll-in showers for wheelchair accessibility. All the sinks are wheelchair accessible. There is an additional bathing room for assisted showers that also has a therapeutic whirlpool tub. The home has a guest bathroom for visitors. Each bathroom has grab bars within reach of the shower and toilet. Each resident will be provided a pendant or bracelet that engages a call-light to a care giver when assistance is needed. The residents will be provided a pendant or bracelet to call for a guest assistant. All staff will wear pagers that alert them to the resident who has called for assistance and provide the resident's location. The home is located in a mixed-purpose area of the city of Portage, near shopping and restaurants and next-door to a preschool.

There is no basement; all rooms and utilities are situated on the main floor. The home has a very large, fully equipped commercial kitchen and an ample dining area that will easily accommodate all residents and additional guests at the same time. This area will also be used as common area and an activity area. There is an additional private dining area or meeting room available for resident and visitor use. The home has a very large outdoor courtyard space for resident use which is fenced for safety. The home is wheelchair accessible. The home has three approved means of egress which exit to a level, concrete walkway. These three exits are equipped with a delayed egress system, requiring 15 seconds of depression before releasing. An alarm will sound if a code has not been previously entered. Two of these exits lead to the courtyard area and one leads to the west side parking lot. The home has three additional exits available as well which have a secured exit which requires a code which will be entered by staff members. The home intends to provide care to individuals with impaired memory and cognition where this level of safety is required. Beacon Pointe is a specially designed building for residents with mild to moderate dementia who may also be an elopement risk. All doors release with activation of the fire alarm.

The home utilizes public water and sewage systems and has municipal trash service. Each apartment has individually-controlled electric "PTAC" heating and cooling systems. The main areas of the home have gas-forced-air heat. The heating system is located in a separate mechanical room which has the separation as required and approved by the Bureau of Fire Services - constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. There are two separate electric water heaters, and ample on-site laundry facilities. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational and

approved by the Bureau of Fire Services. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout. This facility was new construction, built specifically for Adult Foster Care. The plans have gone through the Bureau of Fire Services and received plan approval, Alarm system and Fire Suppression system approval. The facility also had an on-site inspection by the Fire Marshal from the Bureau of Fire Services and received full approval. The home also received zoning approval and occupancy approval from the city of Portage.

Bedroom Type	Total Square Footage	Resident Beds
One bedroom Apartment (two)	440 SF	2
Studio Apartment (18)	340 SF	18

The living, dining, and sitting room areas measure over 6000 square feet of living space, which excludes the kitchen, bathrooms, office space and hallways. This exceeds the 35 square feet/per occupant requirement. Based on the above information, it is concluded that this facility can accommodate twenty (20) 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 twenty (20) male or female adults who are aged with memory impairment or who have Alzheimer's or other dementia-related diagnoses. The licensee-designee and staff members have specialized training in this population. Activities and care are person-centered and tailored to the needs of each resident. Activities provided will be specifically designed for residents with cognitive disabilities. The home will include daily activities to provide cognitive stimulation, physical exercise, emotional support and socialization. The program statement indicates the facility will also provide 24-hour/day nursing consultation, spiritual programs, transportation arrangements, day excursions, and assistance with community services. The applicant intends to accept private pay individuals from any referral source. The home is non-smoking and emphasizes health and wellbeing of each resident. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to partner with local community resources including public schools and libraries, local museums, shopping centers, and local parks. The home will arrange for a variety of in-home services at separate cost to the resident including visiting physician, nursing, physical or occupational therapy, podiatry, and barber or beautician services.

C. Applicant and Administrator Qualifications

The applicant is Dockerty Health Care Services, Inc., which is a For-Profit Corporation established in Michigan on 02/20/1996. 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 corporation owns and

operates several other adult foster care facilities and a home for the aged in the local area and is in good standing.

The Board of Directors of Dockerty Health Care Services, Inc. has submitted documentation appointing Todd Dockerty as Licensee Designee for this facility and as the Administrator. A licensing record clearance request was completed with no exclusionary convictions recorded for the licensee designee/administrator. Mr. Dockerty designee/ administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results. Mr. Dockerty has 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 twenty bed facility is adequate and includes a minimum of two staff-to-twenty residents during the 7:00am-3:00pm shift, one staff member during a 7:00am-1:00pm shift. There will be two staff members on the 3:00pm-11:00pm shift, one staff member on the 4:00pm-9:00pm shift and there will be two awake staff members during the 11:00pm-7:00am shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. In addition to direct care staff, there will be an on-site manager, separate nutrition/dietary staff, separate facilities/maintenance staff, and an activities coordinator which are all in addition to the direct care staffing ratio.

Mr. Dockerty acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mr. Dockerty acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Dockerty 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.

Mr. Dockerty acknowledges his responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges his responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Dockerty acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges his responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis. Mr. Dockerty acknowledges his responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Dockerty acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

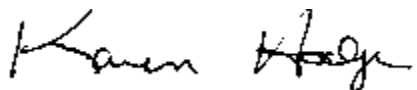
Mr. Dockerty acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Dockerty 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. Mr. Dockerty has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Dockerty acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. RECOMMENDATION

I recommend issuance of a temporary license for this Adult Foster Care Large Group Home, capacity twenty. (20)



02/22/2018

Karen Hodge
Licensing Consultant

Date

Approved By:



03/01/2018

Dawn N. Timm
Area Manager

Date